Clinical Lectures
ON
DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital,

BY HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO CHARING-CROSS HOSPITAL, AND LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE AT ITS MEDICAL SCHOOL.

LECTURE II.

ON CASES ILLUSTRATING THE INFLUENCE OF CONVECTION IN DETERMINING THE SEAT OF CARDIAC MURMURS.

You all know, gentlemen, that the opinion we form of the nature and cause of a cardiac murmur, in any particular case, is determined by two considerations—time and place. Given the period in the heart's cycle of movements at which the sound is heard, and the point on the chest's surface at which the sound is the most intense, and from these two points we deduce, and generally correctly deduce, our conclusions as to the valve affected, and the way in which its action is deranged. Thus, if the murmur is most intense at the base, we say that the aortic or pulmonic valves are affected; if at or near the apex, the auriculo-ventricular; and we say so because these parts are nearest these valves respectively, and because we know that, as a rule, the loudness of a conducted sound is in inverse proportion to the length of the conducting medium. Having fixed the orifice we then ask ourselves what is taking place at that orifice at the particular time at which we hear the sound—whether the blood is passing forwards through, or recoiling upon, the valve; and this determines at once, with a certainty that admits of no alternative, whether the murmur is one indicating obstruction or regurgitation—whether the injury to the valve is such as opposes the onward movement of the blood, or permits its reflux.

Now all this is very simple and very intelligible, and clinical observation, and the revelations of the dead-house, show us every day that, in the main, it is sound. But now and then we meet with cases in which this reasoning would lead us wrong, and still oftener with cases in which, although the correctness of our diagnosis would not be in danger, we should find ourselves unable to explain the exact localisation of the murmur, and its point of greatest intensity, on the simple grounds I have just enunciated.

The fact is, the localisation of cardiac murmurs is commonly regarded as determined by one agency, *conduction*; whereas in reality it is determined by two agencies, *conduction* and *convection*; and where the principle of convection determines it we should be utterly foiled in endeavouring to explain what we find on the principle of conduction, and should run, by relying on this principle alone, great risk of falling into serious error.

Now let me just explain to you the difference between conduction and convection, and then you will see how differently they would localise the same sound, arising at the same point within the heart. The conduction of sound is, as you know, its transmission by the vibration of the particles of the conducting medium: but these particles do not change their place; the waves of vibration or undulation pass through them (are indeed effected by them), but the particles remain where they were before. The convection of sound, on the other hand, is its transference from one place to another by and through the movement of the conveying medium. Conduction depends on atomic movement; convection on movement in mass. Conduction, the medium being the same throughout, is the same in all directions; convection takes place only in one direction, the direction, namely, in which the medium is moving. Conduction may be effected by solids and fluids alike; convection only by fluids, or by solids suspended in fluids, so as to have free movement. As an example of conduction, I may instance the sound heard on applying the ear to one end of a piece of timber when the other is scratched by a pin; as an example of convection, the sound of distant bells wafted by the wind. Sometimes conduction and convection act in concert, sometimes in opposition; in the one instance convection greatly aids conduction, in the other it tends to neutralise it. As an illustration of this I may recur to the example which I have just instanced—the effect of wind in conveying the sound of bells. If the air is calm the sound is conveyed equally in all directions; but if there is a strong wind it is heard much further in the direction in which the wind is blowing; while in the direction *from* which it is blowing it will be inaudible at a very short distance.

I think this explanation will be sufficient to make intelligible to you what I mean by the convection of sound. You see it is necessary, first, that the particles of the fluid should be in a state of sonorous undulation, and then that the whole body of the fluid should be in motion, whereby the direction in which these undulations shall be propagated is determined.

Let us now apply these principles to the elucidation of certain phenomena which we discover in the auscultation of cardiac murmurs.

In cases of valvular disease of the heart we have all the conditions necessary for the convection of sound. In the healthy state of the heart we have not. In health the blood only moves one way—forwards; and its forward movement appears to generate no sound; both the sounds of the heart coincide with and depend on the closure of orifices (and therefore with the cessation of blood-movement) at the point where they are generated;—where the blood is moving there is no sound, and where the sound is produced there is no blood-movement. But in disease, such as to generate cardiac murmurs, the conditions of health are abrogated in both these particulars; for, in the first place, the blood, in passing through the orifices, is thrown into sonorous vibrations; and, in the second place, it often moves both ways—backwards as well as forwards. Thus the vibrations of which the blood is the vehicle may be transmitted either in the one direction or the other, according to which way it is passing through the orifice at the time the murmur is generated. So that we frequently see in heart-disease a manifestation of departure from health in two ways—a development of vibrations that ought not to exist, and an alternative of directions in which these vibrations shall be carried.

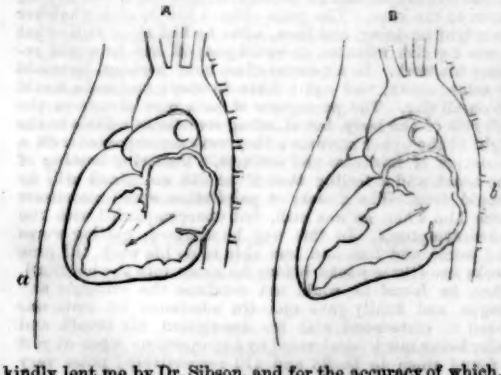
CASE 1.—The first case to which I will direct your attention, in illustration of what I have just said, is that of James W——, a stout, strong, healthy-looking young man, but with a slightly puffed and bloated face, nineteen years of age, and by occupation a farm labourer. He was quite well up to five years ago, when, being fourteen years of age, he had rheumatic fever. He was laid up with it a month, immovable in bed, and during his attack suffered from pain in his chest, shortness of breath, and palpitation. From that time he was unable to get about as quickly as he did before, on account of shortness of his breath and beating of his heart. He did his farm-work, however, without inconvenience till two years ago, when he began to be seized, on making any violent exertion, or walking fast, with a pain in the left breast, left shoulder, arm, and hand, and left leg down to the knee. The pain obliged him to stop whatever he might be doing, and then, after he had stood still or sat down for five minutes, it would pass off and he would resume his work. In a quarter of an hour, perhaps, he would be seized again, and again have to stop; and so he would go on all day. The paroxysms of pain were always on the left side of the body, but shooting sometimes a little to the right of the upper sternum; they were accompanied with a sensation of faintness and sickness, a fluttering beating of the heart, and a feeling that if he did not stand still he should drop. The attacks of palpitation would sometimes seize him when he was still, but unaccompanied with the other symptoms. In this way he went on, getting worse and worse, and less and less able to do his work, till nine weeks ago (three weeks before he came into the hospital), when he found he could not continue the struggle any longer, and finally gave up. On admission his state was found to correspond with his description, his breath and pulse being much accelerated by any exertion: when at rest I found them to be 28 and 112 respectively; pulse very small, but regular.

Physical examination.—On exposing the chest a great pro-

minence and bulging of the left side is conspicuous, involving the whole precordial region, and extending even beyond it; it affects chiefly the cartilages of the fourth, fifth, sixth, and seventh ribs on the left side. Over the whole seat of this bulging the heart is seen beating with a heaving action, and even down into the epigastrium, and along into the left hypochondrium. The precordial dulness is commensurately extended, across considerably to the right of the lower sternum, well down into the epigastrium, and even below the margin of the left false ribs. The apex beat is a good inch lower than natural. At the base the second sound is a little indistinct, but the first sound does not seem to be modified. At the apex a grinding bruit is heard, *immediately preceding an apparently natural first sound*, and terminated by it. On working back well into the axilla, and not until the axilla is quite reached, a *systolic* murmur begins to reveal itself, increasing in distinctness as you work round to the back, where it is loud and strong. It is audible over the whole of the left side of the back. On returning again to the front, to the region of the apex, it is quite lost, and the pre-systolic bruit is again heard.

Here we have two murmurs, both of them undoubtedly generated at the same orifice,—both of them mitral,—but which, though originating at the same point, are conveyed to the chest-wall in such different directions, that not only do their points of maximum intensity differ, but there is not any one point in the chest where they are both of them audible. At the apex, where you hear the pre-systolic sound you cannot hear the systolic, and when you have moved within the range of the systolic, you have lost the pre-systolic. So that although the mitral orifice is the seat of a double murmur there is no one point in the chest's surface where it does not appear to be single. Now, on the principle of *conduction* this would be inexplicable. Starting from the same point both the murmurs ought to be equally, or at least proportionately, audible at any point of the surface of the chest; where you hear the one you should also hear the other. But on the principle of *convection* the thing becomes immediately intelligible. At the time of the pre-systolic murmur the blood is rushing forwards through the mitral orifice towards the apex, and carries the murmur thither; at the time of the systolic murmur the blood is rushing back through the mitral orifice into the auricle, and carries the murmur thither. And not only does the blood-stream carry the vibrations in these respective directions at these respective times, but prevents that conduction of them in the opposite direction which would otherwise take place: the blood rushing forward just before the systole prevents the pre-systolic murmur being heard behind, while the blood rushing backwards *at* the systole prevents the systolic murmur being heard in front; just as a high wind prevents the sound of bells being heard at a distance to windward, at which, if the air was calm, it would be perfectly audible.

Your comprehension of the different direction that mitral murmurs take, according as they are systolic or pre-systolic —regurgitant or obstructive,—may be facilitated by reference to this diagram, which I have altered from a sketch



kindly lent me by Dr. Sibson, and for the accuracy of which, therefore, at least as far as the original is concerned, I need not vouch. It represents a lateral view of the heart, seen from the left, the left chambers, auricle and ventricle, being opened by an imaginary antero-posterior section through them, including the auriculo-ventricular orifice and valve. The anterior border is that of the right ventricle; the truncated vessel springing from it above, the pulmonary artery; above that again you see the arch of the aorta, and behind the descending aorta are indicated the bodies of the vertebræ with which the vessel is in contact. A represents the period of the pre-systole—that is, the moment when the auricle is just contracting to distend the ventricle with its last blood; B represents the period of the systole, or contraction of the ventricle. The valves in both cases are imagined so diseased as to offer obstruction in the one instance, and permit reflux in the other. The arrows indicate the course of the blood-stream at the respective periods. In Fig. A you see the direction of the blood-stream at the moment that a pre-systolic murmur would be produced; that it is downwards and forwards, and that by it the sound would be carried directly to the heart's apex, and therefore have its maximum intensity at *a*. In Fig. B you see the direction of the blood-stream at the moment a systolic murmur would be produced; that it is backwards, and that by it the sound would be carried into the auricle, and therefore be audible at *b*, in the neighbourhood of the spine and left scapula.

I do not know that I ever met with a case before in which a mitral regurgitant murmur appeared to be absolutely inaudible at the apex; and in this respect the case is remarkable. But I have habitually met with cases, and pointed them out to you, in which such a murmur is very feeble at the apex, and much clearer and louder in the direction of the axilla; and I am sure it is a mistake to make the apex, as is commonly done in books, the seat of the maximum intensity of mitral systolic murmurs. I would go so far as to say, that in my experience the true apex is never the seat of *maximum intensity* of mitral systolic murmurs; that I have never met with one in which the sound did not come out clearer on leaving the apex, and passing to the axillary side of it. Dr. Walshe states that such murmurs may be "audible, or not, round the lateral base of the chest from the cardiac to the scapular region." As far as my memory serves me, I have never met with one that was not so audible. Nor do I believe, with Dr. Sibson, that the reason why the murmur *appears* louder as you pass to the left of the apex is, that in this direction you lose the normal element of the first sound, but retain the murmur, which therefore, is better heard, but is not really louder. I believe the murmur itself is louder, often much louder; and I am sure that you, gentlemen, will bear me out in this, from many cases that I have pointed out to you. But this is a very different thing from a mitral systolic murmur being *absolutely inaudible* at the apex. Whether this inaudibleness was apparent and not real—whether there was a faint murmur at the apex during the systole, but so feeble as to be completely masked by the loud pre-systolic murmur that immediately preceded it; or whether, if there was no sound whatever, its absence was due to the small amount of blood in the ventricle, in consequence of the mitral constriction which the pre-systolic sound indicated, I will not say.

This case proves another point: it proves that a valve sufficiently imperfect to allow regurgitation, and give rise to a considerable regurgitant murmur, may nevertheless close sufficiently sharply and completely to generate a natural first sound; for at the apex the pre-systolic murmur was heard "immediately preceding an *apparently natural* first sound," although, on working round to the axilla and back, undoubted evidence of mitral regurgitation revealed itself. The mere fact, therefore, that in certain situations either of the cardiac sounds has a natural character cannot be taken as safe and sufficient evidence that the valve-closure which gives rise to that sound is complete, and that there is no reflux.

And it proves yet another point: that sounds generated by blood-friction and sounds generated by valve-tension are not conducted by the same means or media. Between the valve and the wall of the ventricle there is direct continuity of structure, and therefore the natural element of the first sound, due to the sudden tension and shock of the valve, is conveyed by the ventricular wall to the apex. Not so the murmur—the blood is the seat of that, not the valve; and as the blood is the seat of it, so is the blood the vehicle of it; and since all the blood that is the seat of it passes back into the auricle, thither, and thither alone, is the sound conveyed.

And I hold that (in this case at least) the absence of any portion of the systolic murmur at the apex is a proof that no vibrations of the valve were concerned in its production, for if they had been, what was to prevent their conduction to the apex in the same way as the tension-sound?

(To be concluded.)

ON

A NEW SYSTEM OF ABSCESS DRAINAGE BY SPIRAL WIRE TUBES.

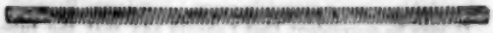
BY ROBERT ELLIS, Esq.,
OBSTETRIC SURGEON TO THE CHELSEA, BROMPTON, AND BELGRAVE DISPENSARIES.

So many years have passed since I first began to use the wire tubes which I propose to describe in this article, that it scarcely occurred to me to publish any account of them, until, on recently showing their excellent performance to several high surgical authorities, I was urged to make them more generally known.

It is about eight years since a lady applied for relief for great pain and tenderness over the pubes and the hypogastrium generally. Her febrile condition, loaded tongue, and cachectic aspect led me to suspect, in connexion with these symptoms, the existence of some collection of pus in or near the uterus; and on vaginal examination, I found this organ distended with fluid, and the cervix absolutely impervious. Fixing the cervix, I passed a long trocar throughout its length, and gave exit to nearly half a pint of horribly fetid pus. But since this condition of things could not be allowed to repeat itself, it then occurred to me that if I could devise some very flexible tube the sides of which could not be compressed so as to make it impervious, and if it could be retained in the cervical canal, good service would be thereby rendered. My first attempt was with tubes of caoutchouc; but these were quite useless, for the least angular bend stopped them up, and their elastic walls yielded at once to a very slight pressure from without. I then tried a tube made of soft tinfoil; but in the tubular form this metal became quite rigid, and, if bent, the tubes were as apt to become closed up as the others. The idea then occurred to me to make a tube of very fine hard brass wire, by coiling it regularly and evenly over a fine steel rod. The tube was readily made, and its success was perfect. It was elastic in the highest degree; it could even be tied into a knot without destroying its patulousness; its flexibility would follow the wanderings of any sinus, however crooked; and its sides, being slightly open, permitted the secretions of the cavity it penetrated, and the canal in which it lay, readily to pass through. I procured several of these, of different lengths and sizes, and, fitting one of them to the artificial canal made in the cervix uteri, I had the satisfaction of seeing it day by day drain the diseased uterine cavity of its pus; and in a very little time the patient made an excellent recovery, and has since continued perfectly well.

The success of this system of drainage led me to apply the same tubes to a variety of other cases; and I hope shortly to publish some account of their remarkable value, especially in cases of dysmenorrhœa arising from mechanical obstruction of the cervical canal. I have also successfully used them, in some displacements of the uterus, for rectifying the bent state of the cervix which frequently accompanies these malpositions; and in a very opposite class of cases to those of the dysmenorrhœal type—viz., the menorrhagic,—in which they have done valuable service in affording a safe and certain outlet for intra-uterine injections. It is to the approval of Mr. Paget of the application of these tubes to the drainage of deep chronic abscesses generally that the idea of submitting them to the readers of THE LANCET is chiefly due.

These tubes, as I have mentioned, consist simply of a closely wound coil of wire, and resemble exactly the springs used by dentists for supporting artificial teeth, or those used by bell-hangers to preserve the due tension of their wires. They are simply spiral springs made of brass or copper wire, of different degrees of tenuity and elasticity. In obstetrical practice I employ only the very fine hard brass wire, the finest I can procure; for I find this makes the best tubes for my special purposes. But for ordinary abscesses in other regions of the body very fine copper wire may be used; it is softer, and exerts very little strain on the tender structures through which it has to pass. It is also finer than the other, and thus can be adapted to long, narrow sinuses, to every bend of which the tube will easily accommodate itself. It is a mere superstition that the copper or the brass do any mischief as metallic substances to the canal in which they lie, or constitutionally. I have used hundreds of these tubes without the smallest evidence of harm due to the metals of which they are composed. But, if it be thought desirable, they may be electro-gilded in a few minutes by plunging them in a hot solution of cyanide of gold, with the aid of a battery and a piece of gold foil.



The manufacture of the tubes is thus managed; and its extreme simplicity ought to enable every surgeon to make them without recourse to the instrument maker. I have always made my own, and thus exactly adapted them to the peculiarities of the individual case. If the surgeon possess a common lathe, they may be made, literally, in a minute. But they can also be made by hand, only they are less even and neat in appearance. I take (for the lathe) a number of common knitting needles of different sizes, cut off the required length, square one end of each after tempering it down in the flame of a candle, and "centre" the other. This forms the tool, or "maundrill," on which the wire is to be coiled. Being fixed in a chuck at one end, and adapted to the lathe-centre point at the other, it is ready for work. The wire is fastened to a pin in the chuck, and the lathe is put in motion: the slow motion is used. The wire, being firmly held in the hand, is drawn by the revolution of the axis upon itself, and thus coils itself automatically, and by a very few revolutions of the wheel the tube is finished. When made "by hand," the steel rod must be firmly fixed at one end in a vice, and the wire then slowly and carefully wound over it to the desired length. Very good tubes can be made in this way, though it is inferior to the other. By a strong pair of scissors or a wire nipper, the tubes can be cut to any size. In order to make them very flexible, it is better to draw them out a little at each end; the spirals are thus slightly separated from each other, and the walls of the tube by this means readily permit the percolation of pus or other fluids to go on through their sides. Care must be taken to bend in slightly the terminal coil of the tube, so that the point of the wire may not catch in the tissues through which it is passed.

Their method of application is as follows:—For the uterine cervical canal it is necessary to fix the cervix by a tenaculum, and gently to pass up the tube mounted on a uterine sound; the free end then lies in the upper part of the vagina. It is useful to slip a morsel of vulcanised tube over this free extremity, so as to prevent its abrading the posterior vaginal wall. For an ordinary abscess they may be introduced on a probe or director, and often without any such assistance, by a spiral, coaxing sort of motion. They are retained easily *in situ* by tying a piece of silk over the free end, and fastening this to the skin by a strip of adhesive plaster. A loose soft pad of cotton wool should then be placed over the tube, and it will be found to do its work with the greatest regularity until the abscess ceases to secrete any more pus.

As in the tracheotomy tubes, it is convenient to have a double tube in many cases, the inner one being a size or two smaller than the outer. This may be withdrawn and cleansed, and then replaced. They will require changing generally about once a fortnight, but I have seen no harm arise from a much longer stay.

I do not propose to encumber the pages of THE LANCET with a recital of the many cases in which I have found these tubes render invaluable service. I believe the drainage system here introduced to be so simple and practical that no surgeon who once takes to its employment will be disappointed with the results; but if there be any point requiring further explanation, I should be happy to give it to any medical man who may wish for it. The following note of Mr. Paget's will probably induce some of my professional brethren to give this plan of drainage a fair trial.

"Dear Mr. Ellis,—I have now used your spiral-wire drainage-tubes in cases sufficient to prove to me that they have these following advantages over any other means of drainage that I have yet seen:—

"They can be placed in sinuses of very small diameter, and with equal advantage whether the sinus have one or more openings.

"Their bore is not diminished by bending them to any angle.

"They cannot be flattened or shut up by contraction of the orifice of the sinus.

"They can be inserted with very great facility; and can be worn for any length of time, in fit cases, without causing irritation.

"They are cleanly, and excite no decomposition in pus or other fluids. "Sincerely yours, "JAMES PAGET."

It may be convenient that I should add that the tubes may be procured, of various sizes and lengths, from Messrs. Mayer and Meltzer, of Great Portland-street, W.

Sloane-street, July, 1869.

SOME OBSERVATIONS

ON THE OPERATIONS FOR EXTRACTION OF STONE PERFORMED AT THE LEICESTER INFIRMARY,

CONTAINING A STATISTICAL ACCOUNT OF THE LATERAL AND MEDIAN METHODS.*

BY THOMAS W. BENFIELD, F.R.C.S.,
SENIOR SURGEON TO THE INFIRMARY.

I PROPOSE to give some account of the cutting operations for stone performed in the infirmary since the year 1851; and although I find it impossible to enter into the details of all the cases in the short space of time which can be allowed to any readers of papers at such a meeting as the present, I think I may venture to intrude upon your time and patience whilst I bring before you some statistics of the operations which have been performed here by the present surgical staff, comparing the methods chiefly adopted here with the lateral adopted elsewhere.

I am led to do this because I believe that the lateral operation, as a general rule, is that which is followed at most of the metropolitan and provincial hospitals, and because so high an authority as Sir Henry Thompson strongly advocates it in preference to the median method. It may, indeed, savour of presumption on my part to oppose, in any way, such authority; and therefore, with my comparatively very small experience, I desire only to state facts which have come under my own observation, and to elicit at this meeting the results of the experience of those gentlemen whose opportunities of observation have equalled and exceeded my own, and whose power of concentration and whose judgment have most probably surpassed what it has been my lot to possess.

It is most difficult to obtain a perfect comparative analysis of a large number of cases, because it needs a most minute and accurate detail of all the circumstances—such as age and constitution, the nature and size of the calculus, the condition of the prostate and urethra; and hence the great obstacle to the conveyance of such knowledge as shall unmistakably point to the safest and best method of removing stone from the bladder by lithotomy.

Each surgeon may have his own bias and opinion, dependent on his individual success, and more confidence, therefore, in his accustomed mode of operating, than in that which may have been more successful with others. I have performed both lateral and median operations in several cases, having had only two deaths; and the majority of my operations have been by the median method, or that advocated by Mr. Allarton in a pamphlet which he published in the year 1854; and this is the operation which, since its first adoption, has, with some few exceptions, been the practice of my colleagues and myself, and, I venture to believe, with very satisfactory results.

* A paper read before the Meeting of the Midland Branch of the British Medical Association held in Leicester on the 8th of July, 1869.

It is, as you know, a modification of the Italian operation; but I need not detain you by describing it, as it is almost certainly theoretically known to all, and practically to many of you. Sir Henry Thompson admits the applicability of it, especially to children, though I do not gather from his observations that he recommends it in preference to the lateral even in them; for he says, p. 69 in his work on Lithotomy and Lithotrity, published in 1863, "the lateral is generally, and no doubt correctly, held to maintain its superiority, as a rule, over other methods." Though, in speaking of it in children, he says that the deep incision in the urethra and prostate should be made with cleanness and decision, and with sufficient freedom to admit the tip of the operator's index-finger with tolerable ease; otherwise he may drive the neck of the bladder along the staff, or slide the finger into the cellular interval between the bladder and rectum. This, at least, shows how much care is requisite even in the lateral operation in children, and brings to my mind what before appeared to me one of the chief difficulties and sources of anxiety in the median operation in young subjects. Let each one of us be careful how he exult in his own success, for difficulties and *contretemps* occur to all, and do not necessarily imply want of skill. Again, one surgeon may have a long career of success, and yet by one or two subsequent misadventures reduce his previously large percentage of successful cases to the average, or below the average, of the good fortune of others. I have seen a similar accident, against which Sir Henry Thompson warns us, occur in the median operation, in which the urethra was so much torn as to preclude the possibility of passing the finger into the bladder, and in which the patient died without the removal of the stone. Mr. Maunder, of the London Hospital, has described in the *Medical Times and Gazette* (No. 972, p. 167) the case of a child in which this same accident occurred, with failure in the extraction of the stone, and which also resulted in death. I have made a copy of this case, and shall be glad to read it if required, and I think that its public narration redounds to his honour and credit.

These two cases show the importance of a sufficiently free and clean incision of the urethra in both operations, as the like accident may occur in either; and here I may enforce, *en passant*, the necessity of being sure of the entrance of the finger into the urethra before any attempt at dilatation of the prostate be employed in the median method. In Mr. Maunder's case, just alluded to, the difficulty he encountered was in passing the finger between the upper surface of the probe used and the under and grooved surface of the staff, in attempting which the prostate and neck of the bladder slipped away in front of his finger; and he, therefore, suggests the use of a grooved director instead of the probe, with a view to incising the prostatic urethra if the resistance at that point be great. Now this is not precisely Allarton's mode of operation; for he recommends the withdrawal of the staff after the introduction of the long probe, and before the introduction of the finger.

The practice which my colleagues and I have generally followed has been not to withdraw the staff until the bladder has been entered by the finger; though I have done this in one case, trusting to the probe alone as a director, because I had great difficulty in inserting my finger without the removal of the staff, and I have seen my colleague, Mr. Marriott, adopt the same plan. I have generally, however, found the staff a most useful director to my finger, and I consider that it, in addition to the finger, forms an admirable dilator of the prostate. Indeed this is the plan which Manzoni, of Verona, adopted; but he gives this necessary caution—viz., not to pass the finger into the prostatic urethra under the staff, but on the patient's right side of it. Now this plan I have always followed, rather indeed curving my forefinger towards the upper surface of the staff, and I am convinced of its importance.

I will now describe the chief structures divided in the two operations.

In the lateral: the skin and superficial fascia; the transversus perinæi muscle and transverse perineal artery; the deep perineal fascia; the membranous urethra and its muscular surroundings; very probably the artery of the bulb; a part of the prostate gland with its urethra; and frequently the accelerator urinæ muscle covering the bulb, and a portion of the levator ani.

In the median: the skin; the superficial and deep fascia; the membranous portion of the urethra and muscular fibres

surrounding it, but not of necessity the prostate gland, the avoidance of which, according to Mr. Allarton, is one of the chief advantages of the median over the lateral operation.

I consider that the division of the fewer and less-important structures renders the median operation worthy the consideration of surgeons. The largest stone that I remember to have seen extracted by this method, without any breaking by the forceps, weighed an ounce and a half avoirdupois; and I have removed several of nearly the same size successfully. If the stone were very large and the prostate unyielding, I should not hesitate to incise it, to extend the incision in the deep fascia, and to crush with the lithotrite, although I should incline in such cases rather to the adoption of the lateral operation.

(To be concluded.)

ON THE

VALUE OF THE HANDWRITING OF THE INSANE AS A DIAGNOSTIC SIGN.

BY G. MACKENZIE BACON, M.D.

I WISH to direct attention as briefly as possible to the value of the study of the handwriting of the insane as an aid to diagnosis in certain mental diseases, more especially in that commonly known as "general paralysis." Everyone is aware that the letters of the insane will often betray their mental condition when they may succeed in concealing it in conversation; but I have never seen any reference to the particular point I urge—viz., this, that the *change in the handwriting may be of great value in diagnosis*, even without reference to the subject-matter. I will proceed to illustrate this by specimens from my own experience.

Fig. 1

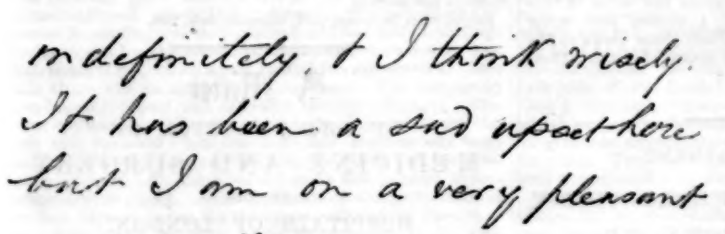


Fig. 2

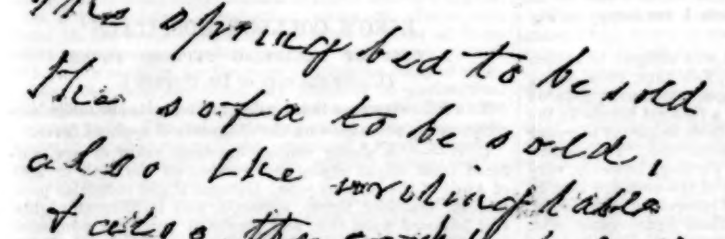


Fig. 3

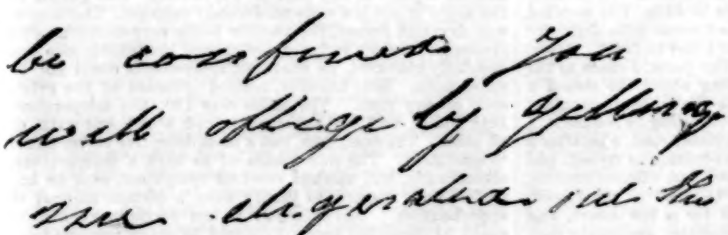


Fig. 4

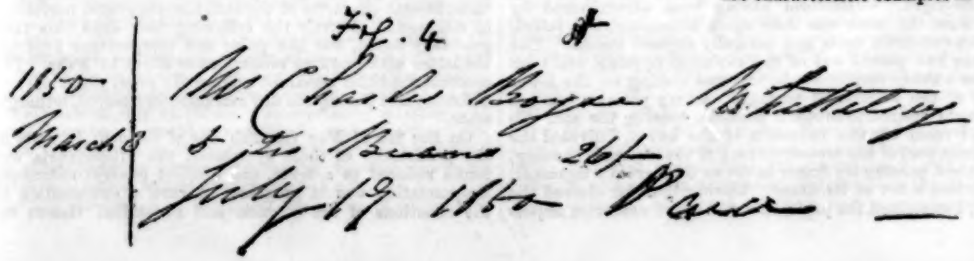


Fig. 1 is the handwriting of a gentleman now in an advanced stage of general palsy. This is a sample of his writing when in health, or at all events before the disease had declared itself definitely.

Fig. 2 is the writing of the same gentleman a few months later, at a time when the disease was hardly advanced enough to be apparent to an unprofessional person. In this case the early diagnosis was a matter of great importance, and at the time it was necessary to interfere the paralytic symptoms were not at all evident, and no one unfamiliar with such cases would have diagnosed the real nature of the disease. It is under such circumstances that the study of the writing may become a valuable auxiliary in forming a diagnosis; and I think it is plain that the lesser changes between the two extremes, as shown in Figs. 1 and 2, ought to attract attention, and have a certain weight. It is of course chiefly with the educated classes that this test is of value, as with the poorer and less instructed writing is a difficulty, and has not so distinct a character of its own.

The next two figures, however, show that it can be valuable. Fig. 3 is by a patient under my care this year. He was a pauper, but had been better off. His was a case of general paralysis in an early stage; and I had not the least doubt as to his disease when admitted. Not long after his admission, he wrote a letter, from which these lines are taken; and the last words (which are meant for "me discharged out this") are characteristic examples of the

writing of such patients. When he wrote this, there was only a little facial tremor as evidence of paralysis; and several medical friends who saw the case were, I think, unconvinced when I showed him to them. I do not want to enter now on the subject of diagnosing this disease, and I do not mean that there is any one sign alone indicative of it; but I think that in a case where the symptoms at all lead to suspicions of general paralysis, such writing as this ought to settle the question at once.

Fig. 4 is the writing of the same man in health. It is a scrap from an old account-book—the only specimen I could get. I give it for comparison with Fig. 3. There is a vigour and character about the word "Paid," which contrasts very markedly with the shaky style of Fig. 3. I may add, that this patient has since died, and that the subsequent course of the case confirmed my diagnosis.

The above figures tell their own tale; and I have avoided doing more than point out their bearing on the subject. It is clear that there are very few conditions beside general paralysis that could modify the handwriting in this way; and this fact, I think, greatly enhances the value of this indication for diagnostic purposes. I cannot here enter into further details; but beg to submit these views to the consideration of those who have the means of testing their value.

County Asylum, Cambridge, June, 1869.

SUCCESSFUL TREATMENT OF FEMORAL HERNIA IN THE MALE SUBJECT.

BY AUGUSTUS BROWN, M.D.

As femoral hernia in the male subject is of rare occurrence, I venture to forward the notes of a case which lately came under my treatment, and which I am happy to say terminated favourably.

A gentleman aged sixty-one years was obliged to return home from his business on Saturday, Feb. 13th, 1869, owing to a most distressing attack of sickness, which was produced by the descent and strangulation of a femoral hernia in the left groin. The sickness continued from Saturday morning till Monday evening (the time of operation). The patient sent for me on Sunday evening. Feeling, however, very tired, and believing from the nature of the message that he was suffering from a bilious attack, I prescribed effervescing citrate of potash draughts, with dilute hydrocyanic acid, and promised to call on Monday morning. Thus a delay arose, which might have been of serious consequence to my patient, and which clearly proves how little we can rely upon our notions of what a case may be.

On Monday I found I had a serious case to treat. On examining the abdomen, I detected the hernia. In cases of obstinate sickness this should always be done. The vomited matter was now stercoraceous. I had some little difficulty in determining what kind of hernia I had to treat. After, however, a careful examination of the parts, I came to the conclusion that it was femoral. Being about the size of a pigeon's egg, it had escaped through the saphenic opening, and then turned sharply upwards. Failing to reduce it, I sent for my friend Dr. Walker, of the Essex-road, who, after a careful examination, formed the same opinion as myself, and attempted the reduction of the bowel, but without success. Owing to pressure of business on the part of my friend, I was obliged to delay the operation for a few hours, and by the time I could gather the necessary assistance daylight had gone, consequently I was obliged to operate by candle-light. Chloroform having been administered by Mr. New, the taxis was then again attempted, but failed. I then cut down upon and carefully exposed the sac. The hernia had passed out of the saphenic opening, and then taken a sharp turn upwards, and was resting on the lower part of the abdominal parietes. As my patient was not young, I desired to avoid, if possible, opening the sac. To afford room for the reduction of the bowel, I divided the anterior part of the crescentic arch of the saphenic opening, and then, passing my finger as far as Gimbernat's ligament, I divided a few of its fibres. Having thus far cleared the way, I examined the parts, and still found reduction impossible. This obstruction to reduction consisted in constriction and adhesion of the parts round the neck of the sac, and rendered the division of the fibres round the neck, also the opening the sac, a matter of necessity. On opening the sac, the bowel, which was dark and congested, and which had evidently been long enough in its prison-house, was easily returned. The edges of the wound were closed with silk sutures, and the wound was subsequently dressed with the dry dressings, which I have long used in all wounds.

My patient, who was a good subject for operation, would have made a rapid recovery but for two circumstances. He very foolishly got out of bed two hours after the operation to relieve the bowels, which acted freely; this act nearly broke open the wound. He suffered also from a troublesome cough, which produced a considerable impulse towards the wound and kept the parts from healing. With the aid of a well-fitting truss he has again returned to business.

In conclusion, I take this opportunity to thank Dr. Walker for his kind assistance and advice in the case; for it is no small comfort to have at one's hand such able and experienced assistance.

Belitha-villas, Barnsbury-park, Islington, July, 1869.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF RELAPSING TYPHOID FEVER.

(Under the care of Dr. DUFFIN.)

THE following case is intended to illustrate the difficulties occasionally attendant on the diagnosis of typhoid fever.

C. W——, a young woman nineteen years of age, suffered from slight rigors and vertigo on the 25th or 26th of April of the present year. General slight muscular prostration, headache, thirst, anorexia, and indifferent nights' rest followed upon this, and persisted until her admission into the hospital eight or nine days later (May 4th, 1869). When first seen, she presented a bright uniform erythema, extending over the face, chest, and abdomen, but not involving the extremities. The throat was florid, with slight enlargement of the tonsils; but there was no trace of pultaceous deposit on any part of the fauces. The glands at the angle of the jaw were moderately enlarged. The tongue was dry and furred, the papillæ being very distinct. She presented a heavy suffused aspect, and her intelligence was decidedly obscured, so that her antecedents could not be relied upon. She, however, seemed ignorant of the existence of any rash. The pulse was 130, the temperature 104¼° Fahr., and the urine contained about one-sixth of albumen. The case, then, had a most deceptive resemblance to scarlatina. The coincidence of so high a temperature, albuminuria, and marked cerebral symptoms, with an imperfect rash, seemed to justify even a certain amount of apprehension. Nevertheless, if the preliminary history could be depended upon, it differed in many respects from that usually pertaining to scarlatina. The extremely uniform, smooth character of the rash also suggested hesitation in diagnosis. During the following four days this rash gradually faded, but the pulse and temperature kept up, the latter with morning remissions of about 1¼° Fahr. The cerebral condition remained unaltered; every night she had delirium, and during the day remained in a torpid, lethargic state.

On the 8th of May (twelfth day of disease), in spite of the persistence of these symptoms, the albuminuria was found reduced to a trace, and distinct general cutaneous desquamation was in progress. A careful examination of the functions of the thoracic and abdominal viscera re-

vealing nothing beyond a little rhonchus at the base of the chest, and there being no trace of diphtheria, a careful search was made for typhoid spots, but without success. This search was subsequently repeated daily, and with the greatest possible care; but no rose-coloured spots were found from this date onwards. There was also a total absence of diarrhœa, abdominal tenderness, or tympanitis—indeed, some constipation had to be overcome. As days passed on, the nocturnal delirium, the day drowsiness, and other cerebral signs gradually faded. The descent of the temperature line was similarly gradual. Morning remissions continued; and the average evening exacerbation decreased till a standard, a degree above the normal, was attained on the twenty-second day of the disease. The temperature trace thus obtained constituted a very valuable testimony as to the nature of the illness. Nevertheless, a perfectly normal level was not reached; and, after five days of an uncertain state, the evening limit was observed to touch 100½° F. The same occurred on the ensuing evening, and by the next morning the thermometer gave us 104¾ F. Simultaneously with this, the pulse shot up first to 120, then to 160. The former suffused, heavy look returned. She complained of intense headache, was very restless, and had some vomiting. The skin was for the second time covered with a deep erythematous blush, which again spared the extremities. This time there was an absence of sore-throat. The tongue at once became brown and dry, with vividly red edges. The urine contained no albumen. After forty-eight hours the rash had vanished; but the high rate of pulse and temperature, the dry tongue, vomiting, delirium, and restlessness continued. To these, wakefulness and general hyperæsthesia were added. After this state of things had lasted for five days—i. e., on the thirty-seventh day of disease,—the albuminuria recurred. The lungs began to fill with loose râles, and the pulse to fail in power. She died on the fortieth day of illness—the twelfth from the relapse. During the last seven days of illness the average temperature was 105° F., the day and night variations not exceeding a degree.

On a post-mortem examination, numerous ulcers were found in the lower portion of the ileum. Some of these ulcers were free, and looked healthy; others were covered with yellow sloughs, for the most part on the point of separating. Nowhere was there any tendency to perforation. The spleen was large, weighing twelve ounces. The liver was very fatty. The kidneys were healthy. The lungs were generally œdematous, and one contained a small kernel of imperfect pneumonia. No other morbid change worth noticing was observed.

Dr. Duffin remarks:—This case, then, was one of relapsing typhoid, but with an absence of almost all the great characters which usually indicate this disease. Accepting the data given by the patient, there can be no question as to the total absence of rose spots, at least from the twelfth day onwards. The care also with which the skin was examined on admission renders it very doubtful if any existed at that date. The absence throughout of diarrhœa, abdominal tenderness, tympanitis, and gurgling in the iliac fossa is especially remarkable in such a conjuncture. The presence of a deep erythematous blush over the face and trunk, both during the initial attack and during the relapse, is also unusual. Being coupled at the outset with some slight sore-throat and glandular enlargement, and associated with such exceptionally severe nervous and thermometric signs for so early a period in typhoid fever, it was natural to suspect the presence of scarlatina, the more so as decided desquamation followed. Still the appearance of an erythematous blush in early typhoid is not so uncommon but that most men have observed it. Dr. Duffin has also on one other occasion seen the co-existence of sore-throat and erythematous rash; but in that instance, as the erythema fell, rose-coloured spots appeared. The return of the erythema with the relapse, and the absence of sore-throat on that occasion, quite preclude the idea of the co-existence of scarlatina and typhoid. Of the signs of positive diagnostic value, the thermometer seems to have supplied the best evidence; the gradual descent of the daily maximum from the eleventh to the twenty-second day of illness was especially striking. In itself, however, it would not suffice to make the diagnosis, since Wunderlich, in his work on Temperature, has figured an almost similar curve as occurring between the same dates in a case of severe scarlet fever (fig. 34, taf. v.) The morning remissions, although, on the whole, of value, were not sufficiently steady to justify any inference. The antecedents probably deserved more attention than they received on admission. The insidious, gradual approach, and the number of days occupied, especially claimed attention. The patient's mental state was, however, such as to throw a haze over all the information with which she supplied us.

POPLAR HOSPITAL.

CASE OF ARACHNITIS FOLLOWING A FALL ON THE HEAD; TREPHINING; DEATH.

(Under the care of Dr. BAIN.)

THE notes of the following interesting case have been supplied to us by Mr. Oliver Penfold, resident surgeon.

G. C——, aged thirty-four, a shipwright, admitted April 2nd, 1869, for symptoms of brain-compression. On the 13th March last, at 11.30 P.M., he was found in Cornhill, London, lying on his face, his head in the gutter, and his feet towards the middle of the road. He had been drinking, and it was supposed that he had run after an omnibus, which was full, and therefore did not stop when he hailed it; that he had stumbled, and had struck his head against the curbstone. He was insensible, and had a cut on the left side of the head. A policeman took him at once to Guy's Hospital, where the wound was dressed; and in about an hour and a half he recovered his senses sufficiently to give his correct name and address. He was sent home in a cab. Two days afterwards he was seen by a surgeon, and was attended by him until the day of his admission. During that time he had been allowed milk and light puddings, but no stimulants. He kept his bed all the time, and the cut scalp seemed to be healing well till about the 26th or 27th March, when (his wife said) "it looked shiny, and not so red as it had done." On March 27th he did not recognise properly his friends; on the 28th he had a cold shiver, was restless, and kept getting in and out of bed.

When admitted (twenty days after the injury) he had a granulating wound of scalp, about the middle of the coronal suture on the left side; and at the bottom a small fissure of the parietal bone, about an inch long, was found. He was lethargic, but could be aroused sufficiently to get him to put out his tongue. There was no paralysis of sensation or of motion in the limbs. He was able to retain his urine and fæces, but for convenience the catheter was used. He was placed in bed upon a water-pillow. Beef-tea and milk diet. Ice was applied to the head, which had been already shaved; and four grains of calomel were given internally.

April 3rd (twenty-first day).—Passed a restless night; complained of pain in his head. Puts his hand to his head, and moans frequently. Is very thirsty; breath "sour"; tongue dry, white, and furred; bowels confined; sensation and motion not impaired; left pupil larger than right. Lies on his right side. Pulse, morning 72, evening 95; temperature, evening, 105·25° F.

4th (twenty-second day).—Restless; still thirsty; is lethargic; pupils equal; bowels acted, the motions having a most offensive odour, and being of a light-yellow colour. (Calomel given.) Pulse, morning 70, evening 74; respiration 28; temperature, morning 105°, evening 104°. To take an ounce of brandy every two hours.

5th (twenty-third day).—Quiet; there is a little epiphora; no closure of the right eyelids is produced by touching the right eyeball, which is glazed over; the legs move when the soles are tickled; temperature 102·25° morning and evening; pulse 82 morning and evening; tongue white, furred; a little purging; involuntarily passes his urine. A grain of calomel to be given every six hours.

6th (twenty-fourth day).—Quiet, but talkative; no pain; sighs frequently; talks nor sense; recognised his wife today; the right eyebrow does not move when the left does; no purging; tongue white, furred; pulse, morning 85, evening 88; temperature, morning 104·75°, evening 104·25°.

7th (twenty-fifth day).—Quiet; answers questions fairly; is talkative; left conjunctiva is now anæsthetic; can only half-close his eyelids; says he can hear the ticking of a watch placed close to either ear; there are a few pustules, about as large as a split pea, on the penis and right buttock; abdomen tympanitic; tongue white, furred, dry; reflex movements are diminished, but not lost, in left foot. About midnight he seemed comatose and in a dying state.

Dr. Bain and Mr. Corner saw the patient together; and Dr. Bain, thinking that the symptoms probably were due to pressure near the scalp wound, trephined a portion of the skull, about as large as a shilling, at the situation of the fissure in the coronal suture. No pus was found. The dura mater was then opened, but nothing abnormal was seen, except that the cerebral veins were highly congested. Pulse, morning 97, evening 98; temperature, morning and evening, 102·75°. To take half the quantity of brandy-and-egg mixture (half an ounce), and one grain of calomel to be given every six hours.

8th (twenty-sixth day).—Wandering in ideas; still can half-close his eyelids; sensation diminished on both sides of cheek, and there is a decided weakness of the right facial muscles. Pupils equal, dilated, and fixed; abdomen tympanitic; tongue white, furred, and moist. Pustules on penis and buttock becoming confluent. He constantly moves his hands (the right chiefly) about, plucking at objects in front of him. Up till to-day he had been lying upon his right side; but he now lies on his back. Pulse, morning 80, evening 97; temperature, morning 101·33°, evening 101°.

9th (twenty-seventh day). — Had slight convulsions, chiefly of the arms, at 4, 6, and 8 A.M. Moves his arms and right leg well. The left leg is not easily made to move by tickling the sole. He mutters constantly, and waves his hands slowly about in the air as if trying to feel something. Pupils dilated. Pulse, morning 96; temperature, morning 100·75°.—1.30 P.M.: Pupils half contracted; breath stertorous; moribund.—Died at 6.30 P.M.

Dissection.— Lips, scalp, and right ear blue; left ear anæmic. Black fluid blood escaped from the cut surfaces of the scalp; the latter was very readily removed from the calvaria. No fissure nor fracture was detected before the pericranium was removed. After it was peeled off, a small fissure, about half an inch long, was seen in the lower and hinder part of the trephine hole in the left parietal bone; the rest of the fissured bone had been removed by the trephine. No fracture was discovered. There was no extravasation of blood between the dura mater and brain. Small detached collections of thick creamy pus were scattered over the outer surface of the brain, chiefly along the superior longitudinal sinus, and between the convolutions. The creamy matter could be dissected from the subjacent pia mater, which was congested. The opposed surfaces of the cerebrum were glued together by recent lymph, but were readily separated. Brain-substance firm outside. The lateral ventricles were full of sero-purulent fluid. Corpora striata were a little softer than normal, as was the rest of the cerebral substance at the base of the brain, over which a thin layer of creamy pus was found between the arachnoid and pia mater. The sheaths of the optic nerves, and the three divisions of the fifth pair, were surrounded likewise by viscid matter. The thoracic and abdominal viscera were not examined.

METROPOLITAN FREE HOSPITAL.

CONSTANT VOMITING AND ERUCTATIONS RELIEVED AT ONCE, AND PERMANENTLY, BY SULPHUROUS ACID.

(Under the care of DR. CHAS. R. DRYSDALE.)

MRS. C——, aged thirty-six, seen first on May 25th, 1869. She has been suffering for the last month from vomiting of all her meals and constant eructations. The eructations are incessant, and during the time the patient was in the consulting-room they occurred every minute or two. She brought up a good deal of frothy and sour clear fluid. To take a bismuth and hydrocyanic acid draught three times daily.

June 8th.—No better. Ordered an effervescing draught thrice daily.

15th.—No better; eructations as before, and continued vomiting of all her meals. Half a drachm of sulphurous acid in one ounce of water three times a day.

29th.—The patient says that she is now quite well, and that after taking the last medicine for a day, the vomiting and eructations ceased.

July 6th.—She has continued free from vomiting since.

VON GRAEFE has been taken ill again since his return from Italy.

Reviews and Notices of Books.

The Practice of Medicine. By T. HAWKES TANNER, M.D., F.L.S., &c. In Two Volumes. Sixth Edition, enlarged and thoroughly revised. pp. 1301. London: Renshaw. 1869.

DR. TANNER has always shown in his writings that he possesses a peculiar faculty of committing to print just that kind of information which the practitioner most needs in every-day practice, and of rejecting useless theory or hypothetical statement. In no work of the author is this more conspicuous than in the present and sixth edition of "The Practice of Medicine," which now appears in the form of two handsome volumes, of some 650 pages each,—exceeding, in fact, by no less than 400 pages of new matter, the former edition. When we remember how vastly the literature of medicine has increased within the last few years, what shiftings of opinion have taken place, how much research of questionable accuracy, and, still more, how great an amount of theorising, has been infused into the large subject of Medicine, the feature of the work before us to which we have alluded acquires unusual significance and value, at a time, too, when book manufacture has reached a dangerous pitch. Though a sixth edition, it is only right, as Dr. Tanner's work is largely used, that we should criticise the additions which have now been made to it, and represent the progress of practical medicine during the last four years.

The author remarks, in his Preface, that "inasmuch as our knowledge of diseases and their treatment has been steadily advancing since the publication of the last edition, in July, 1865, I have been exceedingly unwilling to allow these volumes to pass out of my hands until such new matter as was necessary had been added, and until every page had been carefully and deliberately conned over." This accounts for some delay in the appearance of the work. The aim of the work, stated in the author's own words, is to make "its pages the medium of as much practical information as possible.....to adopt a style which should be terse without being obscure.....and to give particular prominence to those points which will aid the practitioner in the discharge of his responsible duties at the bedside."

We have taken certain test subjects, as they may be called, to ascertain whether the author has succeeded in his aim. Under the heads of Glucohæmia, Amyloid Degeneration, Aphasia, Locomotor Ataxie, Bright's Disease, Syphilitic Diseases of Internal Organs, &c., we find a summary of the views of the most recent writers. A very good illustration is afforded by the way in which phthisis is handled. Dr. Tanner remarks that—

"Phthisis has usually been regarded, until very recently, as synonymous with tubercular disease of the lungs. The time, however, seems now to have arrived when it may advantageously be allowed that several diverse affections, radically distinct from each other, should be included under the common designation of phthisis, or pulmonary consumption. Instead therefore of restricting these expressions to indicate that morbid condition which arises from the deposit of tubercles in the lungs, they ought to be employed as generic terms for those pulmonary diseases which are characterised at first by progressive condensation, and subsequently by suppurative degeneration with excavation of the affected portions of lung tissue; these local changes being in some instances preceded, in others only followed, by constitutional disease."—Vol. i., p. 596.

The varieties of "phthisis" are then declared to be—(*a*) hæmorrhagic and embolic; (*b*) bronchial and pneumonic, including grinders' asthma or knifegrinders' rot, miners' phthisis, and the lung disease seen in millstone-makers,

cotton-workers, &c., and subsequent to pneumonic consolidation; (c) syphilitic phthisis; (d) fibroid phthisis; (e) tubercular phthisis. All these are well described.

The author has not forgotten the laryngoscope, nor to tell the practitioner how to use it. The significance of alterations of temperature in diseases is noted too. On turning to the sections on the ophthalmoscope, we find it correctly stated that in cerebro-spinal diseases the occurrence of symptomatic lesions about the fundus of the eye is found to be the rule, rather than the exception; and the appearances in Bright's disease, brain inflammation, and syphilitic diseases are depicted. Bouchut's observations are mainly quoted; and the only point upon which we should be disposed to be critical is the non-mention of the observations of Clifford Allbutt and Hughlings Jackson: but we suppose space was precious. About 150 pages are devoted to diseases of females. Bright's disease is divided into acute and chronic, in accordance with the plan recently proposed by the College of Physicians; and the chronic variety is made to include the granular, the fatty, and the lardaceous kidney. The views recently propounded by Grainger Stewart, Dickinson, and others, have justice done to them. In the present edition 77 pages are devoted to the formulary, 23 to a section on climates for invalids, and 20 to mineral waters. In these sections a large mass of new and useful information is comprised. The index is a little work of itself: it is very copious, and extends to 46 pages.

The result of the labour bestowed upon the work by its author is evident everywhere in its pages, and it is for that reason that we have felt bound to notice the sixth edition at greater length than we should otherwise have done. Without instituting any close comparison between this and other standard works on Medicine, it may be fairly said that there is no work which better deserves the title of the "Practice of Medicine" than that under notice, and we are only doing Dr. Tanner justice in saying so. The publisher also has succeeded in his treatment of the book: the paper is good, and the printing large and clear.

THE

SICK POOR OF PARIS.

By BLANCHARD JERROLD.

No. VII.

HOSPITAL BEDS FOR THE POOR.

THE confused ideas about the proper relation of the hospital to the poor which have been manifested of late in England, provoked by Mr. Goschen's Bill, and Mr. Torrens' opposition to it in the company of nine metropolitan members, tempt me to offer your readers a brief indication of the manner in which the hospitals of Paris (the creations of public benevolence) are worked in harmony with the Assistance Publique laws. Here there are no establishments like those on which Mr. Goschen is good enough to propose the reduced expenditure of one million sterling, to be got out of the pockets of men, many of whom have not one farthing of property, and themselves depend on their daily health for their daily bread. The ideas which prevail in London and in official circles, as well as in the outer world, about the Assistance Publique of Paris, are, in many important respects, erroneous. To begin with, it is generally conceived that the gigantic infirmaries with which London is to be endowed, are recommended by the success of similar institutions in Paris: the fact being that here no necessity whatever exists for special hospitals for the pauper sick; just as in Belgium there is no need for a separate series of pauper madhouses. Instead of perpetuating an expensive and a destructive confusion and antagonism between independent charity and State charity, the French were wise long ago, and took advantage of the gifts of noble citizens to the fullest, by putting the administration of them in harmonious operation with the help which the State or municipality had elected to bestow on the defenceless poor. No violence whatever was done to the testamentary wishes of hospital founders. The princely Montyon legacy to the lately suffering was held sacred in the channels originally traced for it. Every benevolent person who has founded a bed in the Incurables Hommes or Incurables Femmes has a right which is respected scrupulously. There is not in the Assistance Publique a centralisation which benumbs individual charity; but rather a sympathetic general direction that encourages it, by giving to every groat in the poor-box, every centime put into the bag at the church door, its fullest relief value. An admission card lies before me, given to me by M. Husson, on the back of which is printed a list of the various institutions which are under his sway. They will give the reader an idea of the comprehensiveness of the Paris system, and at the same time show him that Paris is not provided at the public expense with a series of district pauper hospitals. Here is the list:—

General Hospitals.—The Hôtel Dieu, Notre Dame de Pitié, Charité, Saint Antoine, Necker, Cochin, Beaujon, Lariboisière.

Special Hospitals.—Saint Louis, Midi, Lourcine, Enfants Malades, Sainte Eugénie, Maison d'Accouchement, Cliniques, Maison Municipale de Santé.

Asylums and Retreats.—Bicêtre, Salpétrière, Incurables Hommes, Incurables Femmes, Enfants Assistés, Ménages, Devillas, La Rouchefoucauld, Sainte Périne, Chardon Lagache, Saint Michel, La Reconnaissance.

Establishments for the General Service of the above.—Central Bakery, Central Pharmacy, Magasin Central, Central Meat Depôt, Central Wine Cellar, Anatomical Amphitheatre, the Municipal Direction for Nurses.

The asylums and retreats, like the hospitals, are private foundations; and the history of most of them is to be found in "Les Bienfaiteurs des Pauvres" in the "Annuaire de la Charité, &c." Pious people will found a bed at the Incurables, Hommes or Femmes; and they are masters of it, subject, of course, as in every private charity, to the rules of the place. This subordination of private as well as State charity to one intelligent central authority does not, I insist, weaken the spontaneous benevolence of individuals; nor does the strictness with which the Assistance authorities require their unpaid visitors and committeemen to attend to their duties to the poor and in the council chamber, lessen the number of gratuitous servants of the administration. There is nothing sadder nor more scandalous in the history of English charity than the records of millions wasted which it comprehends. With British generosity and French administration, the case of even our great army of martyrs to a bad Poor Law might be grasped. As it is, we show builders for ever busy on new architectural wings; the London Tavern perpetually steaming with the rich juices of charity dinners; and 20, 30, 40, nay 50 per cent. of Samaritan gold warming the palms of secretaries, architects, and the like. Nor is this all, nor the worst part of the blundering. The poorest are not the people mostly helped. The French have their *pauvres honteux*, of whom they take the most delicate care; while we are the dupes of hosts of unabashed and undeserving poor, who hunt up votes for admissions to asylums, have an unerring scent after tickets of all kinds, and have the charities of London

as closely at their finger-ends as Mr. Sampson Low, jun. The oldest as well as the newest of our great private charities are diverted, in some measure, from their proper uses. Each independent body acts in royal independence of its neighbour. The governors know little or nothing of the general condition of the poor. Nobody takes the trouble to glance into the neighbouring parish. There is a vulgar, bustling hunt after patrons in all directions. The personages who deign to preside when the charity is bound to speak in public, and to implore yet another wing, are posted up for the occasion, and dutifully earwigged by "our indefatigable secretary." Brown and Jones discuss the amount they *must* give, over their plovers' eggs.

This may be charity, and charity made easy; but it is, I venture to submit, clumsy, wasteful, and harmful. The reform which is wanted, to begin with, in England, is in the direction of consolidation, and not of new barracks for mad or sick. The philanthropically disposed are repelled from the workhouse. Who offers assistance, in a spirit of brotherly kindness, to the Poor-law authorities? Is there the least community of feeling or of opinion between Poor-law officers and, say, the Society for the Relief of Destitution in the Metropolis? The vast and splendid hospitals with which London is provided show many empty beds; while the workhouse infirmaries are over-crowded. Each parish works in its own way; each hospital is a separate kingdom; each asylum is a fortress. The poor are neglected in one street, and kindly used in another. Even decent mortuaries are not uniformly provided in every part of London. All is hap-hazard, sloth or activity, with self-sufficiency agog in every vestry and board-room. The money spent is enormous, and the result is, a daily increasing rate of pauperism,—because the sick are neglected until they become permanent paupers; because the children are left in the streets; because none of the relief is remedial—except that which the Jewish guardians afford to their people. In Whitechapel, the poor Jew is the only man who is helped intelligently out of his poverty. The reason is, because the Jewish guardians are modeled, in their ways of proceeding, on the harmonious machinery of the French Assistance Publique. They have a searching system of out-door relief for the sick, conducted by voluntary visitors of their own persuasion, accompanied by efficient relief that keeps the home together; and they have hospital beds to which they can send those patients who cannot be treated at home. All their charities are in unison, and act and react upon each other. The volunteers who serve the poor are in force; and hence a thorough inquiry into the condition and deserts of every applicant for relief. Among the Christian guardians the inquiry is a mockery; and the relief is only bread enough to keep the applicant alive till his turn comes round again. Sick, he finds a difficulty in getting advice, and almost the impossibility of procuring the medicine he is ordered. The parish cannot give him a bed in an hospital; but he may reach the workhouse infirmary, and, as a preliminary, break up his home. Or, he may set forth begging among the private charities—to fall presently into the ranks of the professional ticket-hunters.

I have read diligently both sides of the question in regard to the asylums which are to grow, at enormous cost, in or near London, and I am only more firmly convinced than I was before Mr. Goschen's Bill was debated, that you are on the high road to deeper mischief, unless while these barracks are building you reform the Poor-law root and branch. Every home the law breaks up spreads new pauperism. The wise Jews, imitating our prudent and thoughtfully methodical neighbours, have made their medical staff for the poor perfect, and have helped the doctor with a kitchen as well as a pharmacy. Their vigour has been in the direction of home; and so has that of M. Husson's department. The striving of the French poor administrators has been to keep the old people in the home as well; not to mass them in the asylums. The workhouse is the mistake in the English Poor-law system; and we will not see it, nor be at the trouble of mastering the details of a better system—cheaper and kindlier,—although it is flourishing within ten hours of Whitechapel, and serves the poor of a vast metropolis without a workhouse, and without oppressing those who are only just removed from a condition of want, with poor-rates.

Consider the case of the poor Paris workman who is disabled by disease. The Maison de Secours is at hand. The doctor reaches him, and leaves a record of the hour of each visit and the condition of the patient. He is followed by inspector and visitor, who attend to the poor man's wants, and help the family. It is cheapest to get the man to work again as soon as possible, and to keep the home together. When his case requires particular treatment or peculiar skill, he is removed by the Poor-law officers, upon a decent covered litter, to the special hospital which treats his disease. The home relief, the attendance, medicines, the hospital, and the carriage thither—nay, the convalescent hospital at Vincennes for fresh air,—are all harmoniously and cheaply worked together, through (1) the Maison de Secours, (2) the Arrondissement Bureau, and (3) the General or Central Bureau.

Consider the case of the poor sick workman in London. His family are invited into the workhouse to begin with. If they hold together—some six or seven in a room,—he is sparingly attended; his supply of medicines is dubious; no volunteer visitor keeps a rigorous superintendence over the Poor-law doings; his family starve on parish bread under his eyes, goaded incessantly with invitations to give up independence and go into the house, and become regular paupers, leaving an inheritance of workhouse morality to their children. Consider the case of the Jewish workman again, who, in the midst of the atrocious and costly barbarism to which the poor Christian of Whitechapel is subjected, is well nourished and attended in sickness, and sees his wife and children cared for until he can be the breadwinner again. The Rothschilds, who have graced their wealth always, both in London and Paris, with a most chivalrous and open-handed service of the poor—service of thought and time, as well as of money,—have been workers in this direction. But Gwydyr House is suffering, I fear, from *mortar* on the brain.

NEWCASTLE-UPON-TYNE INFIRMARY: THE C.M. OF DURHAM.

To the Editor of THE LANCET.

SIR,—Permit me to hand you the subjoined report of a special meeting of the Medical Board of the Infirmary, held this morning. Present: Dr. Embleton (in the chair), Dr. Charlton, Dr. Heath, Dr. Gibb, Mr. Russell, Dr. Arnison.

A letter was read from Dr. Philipson, stating his inability to attend.

The Chairman stated that the object of the meeting was to take notice of certain paragraphs in THE LANCET during the last three weeks, copied into the local newspapers, and relative to the degree of M.C. of the University of Durham.

Resolved,—"That the Medical Board having had their attention drawn to the fact that, in remodeling the old rules, they had omitted to consider the propriety of admitting the degree of M.C. of any British university as a sufficient qualification for the offices of surgeon and assistant-surgeon, the Secretary be requested to write to THE LANCET, and state 'that the Medical Board has already given notice that, at the next Court of Governors, the rule of the Infirmary relative to surgical qualifications be so altered as to admit the degree of M.C. of any British university as a sufficient qualification for any of the surgical offices of the Infirmary.'"

I am, Sir, your obedient servant,

Newcastle-upon-Tyne Infirmary, July 19th, 1869. STANLEY PEACOCK, Hon. Sec. to the Medical Board.

*** We congratulate the holders of this degree upon its proper recognition.—ED. L.

THE LANCET.

LONDON: SATURDAY, JULY 24, 1869.

THERE are only two opinions about the General Medical Council. One is, that it is a perfect body; beautiful in its composition, and effective for its purposes. The other is, that it is a most faulty body; absurdly constituted, and entirely inefficient. The first opinion is held by about twenty-one gentlemen, members of the Council. The latter opinion is held by certainly eight thousand practitioners, for they have signed a memorial to this effect; and they only represent the rest of the profession. Not only so; the general and medical press of the country is unanimous in condemning the present Council, and in blaming it for defects which still exist in medical education, and which are complained of in Parliament. These complaints are a great scandal to the profession, and calculated to do it much harm. After Sir JOHN GRAY'S statement in Parliament—in which, we are free to confess, the faults of present medical education were stated too exclusively,—a Cabinet Minister, not unnaturally, said, "What a dangerous thing, then, must it be to send for a doctor!" Now we cannot afford to let this scandal go on. We believe that there never was a greater number of well-educated and intelligent medical men than there is to-day; still it is a fact that men whose education is a farce, and whose examination, for practical purposes, is little else, enter the profession. And for the sake of the profession and of the public the thing must be stopped; and in order to this, a power must be created capable of controlling the bodies which have the awful power of admitting men into the profession.

What shall this power be? We take it for granted that no modification of the present Council will meet the necessities of the case. The Council is made up for the most part of the recalcitrant bodies, whose sins gave occasion for Sir JOHN GRAY'S speech, the bodies that want to be regulated, and many of them to be abolished. To set one licensing body to regulate another is an absurdity which could not pass into an Act of Parliament now, and which the present Parliament is wise and strong enough to disenact. It would never have been enacted but for the improper influence of the Corporations in Parliament. We cannot conceive of the continuance of the present Council. It is estimated that the present year's expenditure will be well on to £6000! or nearly £600 over the estimated income of the year—a sum, be it observed, taken out of the funds, not of the Corporations which are represented, and not out of imperial funds, but out of the shallow pockets of the practitioners of the country. Here is a Council of the Corporations supported by the profession, and, in England at least, the Corporations have not made one concession of their vested interests in the interest of the public or of the profession. Effete forms of examination continue, and the old Corporations go on competing with one another, and complementing one another. They continue to give their unqualifying qualifications, and show no disposition to consider the case of men who possess their diplomas, and yet find themselves unqualified. No Government that has any respect for itself will attempt to defend the present Council. The Crown is represented indeed; but its representatives are six in number against eighteen of the Corporations. "Cut it down" is the surgical procedure we should recommend. Eight or ten thousand practitioners will approve the operation, and a few even of the Council will not regret it. Whenever the operation is undertaken—and it should not be delayed,—the majority of the licensing Corporations should be included in it. They should be disestablished, and relieved of the heavy responsibility of passing men into the profession. It would be invidious to specify cases, and it is unnecessary. The very essence of the next step in medical reform is the establishment of one licensing Board in each division of the kingdom for the complete examination of general practitioners.

But the question remains—What kind of authority should supersede the present Medical Council? It may be difficult to give an immediate answer to this question. But we venture to say that the experience afforded by the present Council has immensely facilitated the answer, and put out of question a few schemes that, but for this experience, might have been entertained. First, any authority created to supersede this Council in superintending the registration and education of the profession should be a small body; and, secondly, it should be a despotic body. There is a great deal to be said for a responsible Minister of Medicine and Public Health. Considering the importance of medical and hygienic questions now in the State, it is highly requisite that there should be a medical minister in Parliament to whom such speeches as Sir JOHN GRAY'S could be addressed, and who should be responsible for the remedy of the evils complained of. One man, however, could scarcely be trusted to do the duty required—that of sternly regulating the examining boards. It would be all very well if he were a wise, still, strong man; but he might be unwise, or noisy, or weak, and then education and examination might go on loosely. It seems to us that the best course that could be devised would be the creation of a Council of three, or at most of six, two-thirds of which, including the Home Secretary or the Lord President of the Council, should be nominated by the Crown, and one-third by the registered practitioners of the country—to meet annually, and to have power to issue binding regulations as to the education and examination of students. The expenses of the Crown members should be defrayed by the Crown, and those of the representatives of the profession by the funds accruing from registration. This Council would be small, inexpensive, concerned for the public welfare, and informed of the exigencies of general practice. At the same time, it would act promptly—by orders, and not by recommendations. It would be perfectly independent of the Corporations, and would have no compunctions in dealing decidedly with the bodies it would have to regulate. Practically, there would only be three such bodies.

We would strongly urge this question upon the present Government. The Council is itself a supplicant for an amendment of the Medical Act, and admits that, if it is to

have fresh powers, some change in its constitution must be conceded. The whole profession expects something to be done, and the public is dissatisfied. A small Council with strong powers is the desideratum.

THE recent publication of the Report of the Committee on Courts Martial has directed attention to a subject which lately called forth some warm animadversions. Now that the ripple of excitement which some weeks since attended the discussion of branding and cupping in the army has passed away, we may advantageously consider the question in its different bearings. The Commissioners have gone to the root of the matter in indicating the connexion between these practices and our vicious system of bounty and recruiting. We said long ago, and we venture to reiterate now, that all medical treatment should have one, and only one, object in view—the cure or relief of disease. We could not believe that medical officers were in the habit of cupping men suffering from the evident effects of organic disease for the purpose of marking them, because such a course seemed to us to be as unnecessary as it was barbarous. If, however, any medical officer, as asserted, cupped an emaciated soldier or patient in an advanced stage of consumption, as a matter of routine branding, by all means let that medical officer bear the obloquy which he deserves. If the medical profession cease to be a humane calling, it may as well cease to exist.

Now, as to cross-cupping, of the existence of which in army practice we have never doubted. This method consists in making second incisions at right angles to the first, instead of selecting a fresh place. The idea—a false one—was that more blood could be obtained in this way. Be this as it may, cross-cupping was not, and probably is not now, peculiar to military hospitals. It used to be often practised in civil life, and it is still pursued in the continental armies, where conscription is the rule. In our own army it had been very commonly adopted, where, for obvious reasons, cupping is substituted for leeches.

A reference to books and regulations on recruiting and invaliding will show that from the earliest time, certainly from 1830 up to the present, great stress has been laid upon the significance of all marks of medical treatment. We will confine ourselves to a recent period. The late Lord HERBERT, for example, was considered, *par excellence*, the soldier's friend; but the medical regulations bearing his signature intimate that these marks are to be held as grounds for rejection of a recruit. Mr. ALEXANDER issued a circular in which he pointed out that most diseases for which soldiers were invalided were, at one time or another, likely to be benefited by local depletion; and that several young soldiers had been (then) recently discharged without marks of treatment of any kind being present on their persons. Lastly, during the *régime* of the late Sir JAMES GIBSON, the inspecting medical officer had to certify that a discharged soldier would not be re-enlisted. The way in which these things dovetailed, as it were, into one another is clear. We are simply relating — not defending, be it understood — the growth of a practice which was alleged to be common enough in the army—namely, that of applying some kind of treatment, at one stage or another of a patient's disorder, which should denote that he had been the recipient of hospital treatment. It does not require any great acumen to penetrate through the reasons on which such practice was grounded: like everything else almost, it was a question of finance.

Long ago soldiering was a detestable occupation: the army was unpopular; the period of service in it was, practically, unlimited; and the attempts to escape from it were common enough and excusable enough. Recruits were drawn from the lowest classes; and the army carried off a surplus population of the ne'er-do-wells of civil life. A bounty was the temptation, and pressing necessity, such as impending starvation, the spur to enlistment. There are numerous diseases, obscure or impossible of detection from the absence of any marked manifestations—such as epilepsy, cerebral diseases, palpitation — the symptoms of which, however latent they may be under ordinary conditions, become evident under the excitement of military exercises; and, lastly, these disabilities are capable of being simulated. It was held that men of this stamp in the army would jeopardise their own or their comrades' safety, or compromise the safety of an army itself; and it was further assumed that if the army was not to become a public thoroughfare for these classes—and a very remunerative one, as every new enlistment into a fresh regiment implied a fresh bounty,—some means must be devised to guard against their admission. The treatment of a soldier in hospital, if he was to be discharged for a disability not obvious in itself or by its effects, usually included some topical form of application that left a mark.

We believe these to have been the motives and the conditions out of which the system grew and under which it was developed; for it is monstrous to suppose that cupping or blistering a man could be productive of any personal gratification to a medical officer. The Horse Guards and the War Office were, to say the least, alike content with that system. To the former it was an aid in the maintenance of discipline and efficiency; to the latter it effected a saving of money. We are far from averring that the practice was correct; but the military were a peculiar people, ruled by laws and amenable to a discipline which would have been intolerable in civil life. The times have altered. The army may now fairly compete with other branches of employment; and there is no necessity, nor is it expedient, that any means of treatment should be made to subserve any other than a strictly curative end. The public ought to be, and must be, content to pay for leeches and every drug, however expensive, that can aid in the recovery of the sick. The nation must frankly accept the responsibility of maintaining its sick and inefficient soldiers until they are cured or dead; for to discharge a patient when his disease is so advanced as to be readily recognisable is, generally speaking, to expose him to penury and starvation.

THE boon so ardently desired by BURNS—

> "Oh! wad some power the giftie gie us,
> To see oursels as others see us!"—

has just fallen in large measure upon that portion of our brethren whose fate or duty calls upon them to give medical

evidence in courts of law. The Medical Council, or rather the Committee on State Medicine of that august body, has applied to many discreet and learned persons for answers to the question, "What are the deficiencies which you have observed in medical witnesses?" and has since published twenty of the answers, all of them marked by an ingenuousness in which flattery has no share. We presume that the respondents are all eminent; but we confess that we hear of some of them for the first time in their replies, and that these replies have not impressed us either with the profundity or with the accuracy of the oracles from which they proceed. Dr. BOND says, tersely, "Want of precision in their knowledge, and inability to distinguish facts *and* opinions." Is it unbecoming to suggest that he possibly meant, to distinguish facts *from* opinions? If he did, it would have been only common politeness in so critical a gentleman to couch his criticism in correct English. R. BAKER, Esq. (we presume the inspector of factories), replies as follows: "Flippancy of manner, professional technicalities, and in giving hasty and tortuous answers." With all submission to Mr. BAKER, we should have thought that "deficiency" in flippancy and in technicalities was an excellence rather than a fault; and the last clause of his sentence, which imputes deficiency "in giving hasty and tortuous answers," is to us perfectly incomprehensible. The art of giving answers at once tortuous and hasty must surely be a very difficult one; and any shortcoming in respect of it should, we think, be viewed with a considerable degree of indulgence. Furthermore, we fail to see its utility; and would venture to submit that both haste and tortuosity should be avoided. The only respondent who appears to have kept in view the terms of the question is Mr. SIMON; who replies, truly and prudently, "Sometimes imperfect information, sometimes imperfect argument, sometimes imperfect impartiality." The answer has this great value, that it is true of all witnesses; and therefore must be true of medical witnesses among others. Lord HATHERLY emitted in his reply the weighty suggestion that he "doubts whether any evidence of opinion on oath should ever be given;" and this seems to us to be the kernel of sense and propriety among a very considerable mass of legal presumption and absurdity. The fact is, we believe, that medical witnesses differ very little from others; and that their peculiarities are individual rather than professional. Medical witnesses may fairly be divided into two classes: the habitual and the accidental. Habitual medical witnesses are a body of gentlemen who are particularly conversant with certain questions that are often raised in courts of law (such as the effects of railway injuries, for example); whose opinions have weight with juries, and who are eagerly retained by litigants at high rates of payment. Perhaps it is not in human nature that they should not lean somewhat to the side of the suitor who seeks their aid; but they are usually quite on their guard against such leanings, and preserve, as far as possible, an attitude of complete and dignified impartiality. Perfectly at home in the subjects of which they speak, it is not easy for counsel to obtain any legitimate advantage over them, and their status secures to them the respectful consideration of all the officials of the Court. Differences of opinion arise between them, but differences only of detail, not of principle. Some take a more, others a less, hopeful view of the state of a particular patient; after the way of the two doctors by whom the quaint German fable personifies the whole profession, Dr. Better and Dr. Worse, "both men of great skill." But besides this class, there are a very few habitual witnesses whose "practice" in giving evidence produces a demeanour much resembling that of an average policeman. Usually the charlatans or sciolists of some specialty, such men hire out their sham knowledge and their witness-box faces in support of any view that their employers choose to maintain. Hence, although so few in actual number, they are far too often seen in courts of law; and they are the chief causes of the "discreditable conflicts of opinion" referred to by Chief Justice BOVILL in his answer, and referred to also by other lawyers in nearly the same words. All this is unavoidable, because it is impossible to make all men strike the same balance between conflicting considerations, and it is also impossible to confer integrity upon the constitutionally unscrupulous. To decide between the opposing testimony is the proper province of a jury; and although it might be difficult to decide rightly on only reading the evidence, the task is not usually difficult to those who see and hear the witnesses.

The accidental medical witness, the practitioner whose evil star causes him to be consulted by some person that has been wounded or hurt by another, and who is subsequently dragged away from his business to an assize town, detained there for three or four days with no decent place in which to wait, and finally delivered over to the tender mercies of the defendant's counsel, is surely entitled to every possible commiseration. But his shortcomings, we believe, depend very seldom upon his being ignorant of the current knowledge concerning the matters about which he is called to testify, and are not of a character to be remedied by a diploma in State Medicine. He is often simply flustered by the strangeness of his position, and by the cross-examination of a cool and skilful barrister. If he suffer from defective education, it is defective preliminary, not professional education. He is not sure of the meaning of his words, or of the construction of his sentences; or he has never learned to arrange his ideas with clearness, and to express them with precision. He hopes to find a shelter behind technicalities, and thinks that to say "a black eye" will expose him more to criticism than if he says "a sanguineous extravasation in the orbital region." By repute a member of a learned profession, he has in many cases received only an imperfect mental training, and he is no match, and feels that he is no match, for a barrister who is superior to him in this respect. The way to improve medical evidence in courts of law is the same that must be pursued in order to improve everything else connected with the profession. The present competition between licensing bodies must be abolished, and a State examination must be instituted of such a character that it may absolutely exclude the stupid, the idle, and, above all, the illiterate. The change will cost money, but the English public is sufficiently wealthy to bear the charge.

A PARLIAMENTARY paper, printed by order of the House of Commons, contains a Report of two of the Commissioners in Lunacy upon the condition of the Criminal Lunatic Asylum at Broadmoor, and a letter from the Chairman of the Council of Supervision of the Asylum to the Home Secretary replying to the strictures in that Report. The Commissioners find great fault, as they say they have done unavailingly at every visit since Broadmoor was opened, with the kind of treatment to which those patients who have evinced violent and dangerous propensities are habitually subjected. Instead of systematic attempts to allay their irritability and to elicit any of the better feelings of their morbid nature, by allowing them opportunities of recreation, occupation as far as practicable, regular out-door exercise, and association with others, they complain that, if a patient is supposed to be or has given proof of being dangerous, he is isolated altogether. There is a class of so-called refractory inmates who occupy cheerless rooms, have neither occupation nor amusement nor any opportunity of associating with patients in the other blocks, who are confined for exercise to narrow airing-courts within high walls, and six or seven of whom, "marked out for special example," are required to take such exercise alone:—

"These seven men," they say, "we found isolated in separate cells or cages, which some of them had not quitted for many months,—rarely even walking in the airing courts under the restrictions imposed, and one of them refusing altogether to do so. One man who had lived in this way since the last Commissioner's visit, receiving, as most of the others are in the habit of doing, all his meals through an opening in the wall, had not even a chair or table in his room. Against these seven men are recorded, during the interval—little more than ten months—between this and the last visit, 1214 special occasions of seclusion for 'some portion of the day,'—all for maniacal excitement, violent conduct, or dangerous propensities."

The Commissioners express their opinion that this is not an efficient way of dealing with mental disease, however complicated with criminal habits, and even dangerous violence; their experience having proved that patients of the most refractory class are amenable to the humane influences which, by general consent, are now employed in the treatment, as well of the most acute as the mildest forms, of mental disorder.

The letter to the Home Secretary on behalf of the Board of Supervision, which is unfortunately ill-expressed, does not meet the real principle of the Commissioners' objections, but endeavours to justify the plan of treatment adopted, on the ground of the mischievous and dangerous propensities of the patients to whom it is applied. The numbers of sheets, blankets, pillow-cases, and other articles which one patient destroyed in a year are enumerated, in order to excuse the entire absence of furniture from his room; and the hole in the wall is stated to be a great convenience as enabling the attendant to pass anything which the patient may require, without coming into collision with him. But as this very patient seems to have shown some interest in keeping pigeons and in cultivating a small garden, surely it would be well worth trying whether the gentle feelings which he has evinced towards pigeons and flowers might not, by a more humane and, we may add, scientific treatment, be turned towards human beings. If the man be not the untameable savage creature which his mode of treatment would imply, we can conceive nothing more fitted than it to make him become so. A dog that is tied up constantly is apt to howl and to become savage in temper; and any person who is shut up in a bare room, and fed through a trap-door in the wall, is certainly placed under conditions favourable to the production of the temper of a wild beast. No doubt some of the criminal lunatics are very difficult patients to deal with. But they are patients rather than prisoners; and the system of stern repression has been tried in times past on all descriptions of patients, under every conceivable state of circumstances, and it has, as these Commissioners observe, uniformly failed as completely as a more humane system has succeeded. The spirit which should inspire all the regulations and arrangements in an asylum for the insane ought to be widely different from that which animates the government of a prison.

THE announcement that the candidates for the Naval Medical Service will be examined in August by the examiners for the Army Medical Department must be regarded as a move in the right direction. We congratulate both Mr. CHILDERS and Dr. ARMSTRONG on thus taking the first step to raise the status of the Naval Medical Department, and to render it popular with the junior members of the profession; for it is obvious that the institution of competitive examinations has done much to improve the quality of the candidates for both the British and the Indian armies, whilst no lack of able candidates has been found at a time when the appointments in the navy have actually gone a-begging.

The institution of a competitive examination by competent examiners will relieve the Naval Medical Department from two imputations which have long reacted injuriously upon it. There having been hitherto no known standard of merit, the better class of students have always regarded the service as a *pis-aller*, and despised it accordingly; whilst it has not unfrequently happened that, owing to the peculiar formation of the naval examining board, good men have been rejected, and those who had learned the appropriate answers to the stock questions asked have successfully passed. The new system will, by recognising merit, add a new stimulus to exertion; and it may not be out of place to remind our junior readers that, under a recent regulation of the Admiralty, the candidate who passes the best examination in his year is promised promotion to the rank of surgeon in five years, and that the second and third men will gain the step after six and seven years' service respectively.

There will, we understand, be five appointments made in August, and, as none have been made since January last, there will probably be several candidates. It is perhaps a little hard upon these gentlemen that they should be called upon to face a severe examination at such short notice, but we have reason to believe that some allowance for this will be made on the present occasion. The successful candidates will not, unfortunately, have the advantage of spending six months at a naval medical school corresponding to the Army Medical School at Netley; nor is there, so far as

we learn, at present any intention of allowing the naval candidates to participate in the advantages offered by the latter school. However, we must not expect too much at once, and have every reason to be satisfied with the progress made since Dr. ARMSTRONG succeeded to power. Perhaps another year may enable us to congratulate the Admiralty authorities upon having instituted a naval school at Greenwich, where the science of naval hygiene and the treatment of tropical and other diseases to which the service is liable may be efficiently taught.

Medical Annotations.

"Ne quid nimis."

THE COUNTY ADMINISTRATION BILL.

A SHORT discussion which took place in the House of Commons on the 12th inst., deserves some attention from those who are interested in the welfare, or engaged in the care and treatment, of the insane poor. Several members gave expression to the widespread dissatisfaction which undoubtedly exists among ratepayers on account of the lavish expenditure on county asylums, and advocated the transference of the supervision of the insane poor to the Poor-law Board. Mr. Goschen is reported to have said, in reply, that the question was worthy of careful consideration, which he would give to it during the recess.

We have no doubt that, when Mr. Goschen has considered the matter fully, he will arrive at the conclusion that it would be a retrograde step to supersede the skilled inspection of the Commissioners in Lunacy by the supervision of officers of the Poor-law Board. There may be some reason to complain that the Commissioners, in their zeal for the lunatic, have given too little thought to the ratepayer, and have urged the committees of asylums on to an extravagant expenditure; but their special knowledge and experience have certainly been on the whole beneficial. Moreover, the County Administration Bill, which is now passing through the House of Commons, will give to the guardians of unions a power of control over the distribution of the county rates, which, as representatives of the taxpayers, they are fairly entitled to. And when the just principle that those who pay the money should have something to say in the disposal of it, is realised in the constitution of the new county boards, perhaps it will be found—and there may be no harm in the discovery,—that marble washhand-basins and like luxuries are not necessary to the comfort, nor essential to the treatment, of pauper lunatics. The time has come, too, as many indications intimate, when the question of the extension of the asylum system must receive a fuller and more critical consideration than it has ever yet had. The effect, if it has not been the aim, of recent lunacy legislation has been to drive all the insane poor into asylums: no matter whether a patient be an aged imbecile or an idiot, or a quite harmless and incurable insane person, he finds his way to the asylum, though he requires none of its costly appliances. The consequences are that some of our most experienced medical superintendents are finding it necessary to protest against the crowding of the asylums with such cases, and that the Commissioners in Lunacy are continually engaged in struggles to force county magistrates to build new asylums. Meanwhile, however, many thoughtful men are proclaiming the conviction that the care of the insane outside asylums—in private houses—is a question which must become more and more urgent; and the Scotch Lunacy Commissioners are, in a truly enlightened and liberal spirit, exerting themselves to supply the materials for a sound conclusion. It will not be amiss, then, that a more close supervision of the county rates by the direct representatives of the taxpayers, as provided for in the County Administration Bill, should co-operate with the efforts of the advocates of reform in directing public attention to the merits and demerits of the present asylum system.

There is an important matter in connexion with the new Bill, to which attention is called by "Aliquis," in a letter published in our last number, and which it behoves superintendents of county asylums to consider. Hitherto they have had no court of appeal from the committee of the asylum, nor have they much cared to have one; instances of injustice by the magistrates have been so rare as to render their officers indifferent. But when the authority of the guardians comes to be felt in the management of the county finances, will their position be equally secure and comfortable? Are they content to remain, as they must do if the Bill pass in its present shape, without right of appeal, in the event of dismissal, to the Secretary of State, or to the Lunacy Commissioners? If not, it behoves them at once to bestir themselves, and to endeavour to get the insertion of a clause into the Bill securing to them the right of appeal. The experience of the Poor-law medical officers has proved the necessity of such a right, though, we regret to say, it has not proved in an equal degree the advantage of it.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

THE paper set at the "Examination on Surgical Anatomy and the Principles and Practice of Surgery," for the diploma of Member of the College of Surgeons of England, on Saturday last, deserves a passing notice at our hands. We have no remark to make upon three of the questions, which were fair enough, comprising the symptoms, &c., of a wound of the femoral artery, the effects of the fracture of a rib, and the symptoms and treatment of iritis; but the other three questions we hope to show to have been improper ones for the examiners to put to the young men who were candidates for the ordinary diploma.

Question 1 was, "Name the structures which must necessarily be divided or separated in the operation for the removal of the superior maxillary bone." Now, this is probably the operation least frequently done in ordinary practice, and certainly but seldom seen by students, unless they happen to be studying at an hospital where a surgeon enjoys a special reputation in this branch of surgery. To our certain knowledge, the operation of removal of the superior maxilla has been performed only once in one of our largest metropolitan hospitals during some years, and to those who know how little is to be learnt by merely *seeing* operations, it will not be a matter of surprise that the question was received with blank amazement by the candidates. It is quite true that if a student has taken out a course of operative surgery on the dead body, he will know how to perform the operation, and what structures will be divided or separated; but then the College does not require this for the Membership, though it ought to do so. Removal of the upper jaw cannot be regarded as "one of the ordinary exigencies of everyday surgery," for which alone, according to a late College magnate, the M.R.C.S. is supposed to be prepared.

Next to the operation above mentioned we imagine colotomy to be the least frequently seen operation in our hospitals; and yet, if Question 5 means anything, it means the anatomy of the parts concerned in this operation. The question is as follows:—"Mention in successive order, from

without inwards, the structures which form the wall of the abdomen between the last rib and the crest of the ilium." Now there are but three muscles, of no great intricacy or surgical importance, forming the abdominal wall at the spot indicated; and as no allusion is made to the position of the bowel, or its peritoneal covering, we are as much at a loss as the candidates were to know what is really meant by the question.

Question 3 demands the anatomy of the axilla and its contents; but no practical point whatever is deduced from it, and the question might much more fairly have appeared in an anatomical paper. This is not "surgical anatomy," but ordinary descriptive anatomy of the lecture-theatre; and we very much doubt whether any surgeon who had not recently dissected could accurately give the *boundaries* of the space, though he would safely remove enlarged glands from it, or, if necessary, tie the axillary artery.

We have no idea who is responsible for setting these questions, though we imagine that the onus must primarily rest upon the president and vice-presidents. If so, we would urge upon those gentlemen a little more attention to "surgical pathology," which on the present occasion is conspicuous only by its absence.

NURSING AND CONVALESCENT INSTITUTIONS.

WE are glad to find that in the east of England the endeavour to improve the class of women devoted to nursing the sick has met with greater success than in the west. The Report of the Norfolk and Norwich staff of nurses and Nurses' Home, now before us, gives a very bright account of the success of an association which is now entering on its fourth year of existence. These nurses are trained in the Norfolk and Norwich Hospital; and we are glad to learn, on good authority, that the nursing in that institution has, *pari passu*, undergone a great and gratifying improvement. This has been effected without any unpaid or volunteer nursing or superintendence by ladies, and may be regarded as a good example of what may be done by the *paid* labours of women of ordinary attainments, when placed under efficient medical control.

On Monday last, the portion of the new building containing the female wing of the Convalescent Hospital at Eastbourne was formally opened with divine service in the chapel of the institution by the Bishop of Oxford. The ceremony attracted a good deal of attention, and was supported by numerous friends of the institution.

We have received a prospectus of a new convalescent hospital which has been opened at Dover. Whilst wishing every charity of the kind success, we do not look upon it as in the best taste to offer a practitioner the bribe of a free letter for some poor patient, if he will exert himself to secure two subscribers to the funds of the hospital.

ARMY MEDICAL DEPARTMENT.

THE Director-General, Sir Galbraith Logan, K.C.B., paid a visit to Netley last week, in company with Sir Charles M'Grigor and Captain M'Grigor, the sons of the former well-known chief of the Army Medical Service. On Thursday they were entertained at dinner by Inspector-General Dr. Beatson, and the officers of the medical staff; and on the following day, Sir Galbraith Logan minutely inspected the hospital and school. He seemed particularly interested in an ambulance parade, if we may so term it, arranged for him by Professor Longmore, C.B. The field hospital cart, and the large field waggon, were packed and unpacked by men of the Hospital Corps, and then men supposed to be wounded had splints and bandages adjusted, and were carried off the field on stretchers and mule panniers, and were placed in the ambulance waggons. The orderlies showed great proficiency in the management of the wounds, and the application of splints and bandages, and in carrying the men in the proper manner. In all these points they now receive regular instruction from Assistant-surgeon Moffitt, who is well known for his services with Colonel Gordon in China. It is understood to be the wish of the Director-General to carry out this system of training of the Army Hospital Corps to a large extent, and it would be well that it should be extended also beyond the Hospital Corps. In the Prussian and Austrian armies a certain number of men in every company of a regiment are taught how to carry their injured comrades, as the experience of 1866 has shown that the regular hospital orderlies, being fully occupied in their hospitals, have no time to act as bearers of the wounded. It is to be hoped that the Director-General may succeed in his endeavour to make this training more prevalent, for there is no doubt that our army is not sufficiently provided with skilled bearers of wounded men, and that both Prussians and Austrians are ahead of us in this part of their medical arrangements. The Director-General paid particular attention to the ingenious wheel-litter invented by Sergeant Shortill, and was surprised at the rapidity and comfort with which a wounded man was wheeled over very rough ground. In the evening a ball was given by the officers, at which the principal people in the neighbourhood were asked to meet the Director-General.

THE SCOTCH CHAIRS OF SURGERY.

IT seems, in Glasgow at least, to be taken for granted that Professor Lister will be appointed to the clinical chair of Edinburgh. We have some reason to believe that the Glasgow impression is well founded. At any rate it is founded on the obvious merits of the case. We do not underrate the claims of Dr. Heron Watson, or of any other aspirant to the clinical chair of Edinburgh; but we maintain that, in the present state of surgery and of the urgency of the question of hospitalism, Professor Lister's appointment is clearly the right thing. Apart from the antiseptic treatment of wounds, the physiological interest and practical importance of Professor Lister's other labours give him a high rank among the surgeons of the day. The discovery of a means of virtually controlling suppuration in connexion with hitherto wellnigh incurable affections of bone, and the discovery that organised tissue can be so used for ligatures as to become incorporated with the walls of bloodvessels, are observations that raise at once the science and the art of surgery. Before leaving the subject of the Edinburgh chair, we must be excused a word of regret at a procedure on the part of Dr. Heron Watson's friends, with the view of furthering his candidature. A testimonial in favour of this gentleman is being sent round the profession for signatures. Surely it is neither a dignified nor a reasonable proceeding to ask signatures to a general testimonial from gentlemen very imperfectly acquainted either with Dr. Heron Watson or his merits. Testimonials are already lightly esteemed; but such a procedure as this is calculated to bring them into complete contempt, and unduly to prejudice the gentleman in whose favour they are drawn.

Glasgow is already beginning to discuss Professor Lister's successor; and it is believed that Dr. Macleod, Dr. George Buchanan, and Mr. Benjamin Bell will become candidates in the event of a vacancy occurring. We hear that attempts are being made to prejudice the Lord Advocate in favour of a certain candidate on political grounds. We hope his Lordship will not allow himself to be influenced by any considerations of this kind, and that he will not act so indiscreetly and

unfairly as to seek to appoint a relative of his own, an Edinburgh man, to a Glasgow chair, when such good Glasgow candidates are likely to be forthcoming. The selection of a successor to Professor Lister must be made on the ground of professional qualifications alone.

THE ANNUAL MEETING OF SCIENTIFIC AND MEDICAL MEN AT INNSPRUCK.

THIS annual meeting, which bears some analogy to the general meetings of the members of the British Medical Association, will be held at Innspruck, from the 18th to the 24th of September next. Though exclusively German, the Society will gladly welcome foreign medical men and cultivators of science. The programme, which has been published in the German journals, shows that the most careful arrangements have been made for the comfort of visitors, and the regular intercommunications on scientific subjects. There will be, as we shall have at Leeds, general meetings and separate work in sections; but there will also be some features peculiar to Germany. In the first instance, those who feel so inclined may be accompanied by their wives; then there are to be a series of theatricals and concerts, besides the evening assemblies wholly devoted to sociability. Of course excursions form part of the programme. The Innspruck meeting is, however, not purely medical. We subjoin a list of the sections, which will show the nature of the subjects to be discussed:—1. Mathematics and Astronomy. 2. Physics and Mechanics. 3. Chemistry and Pharmacy. 4. Mineralogy, Geology, and Palæontology. 5. Botany and Vegetable Physiology. 6. Zoology. 7. Anatomy and Physiology. 8. Practice of Medicine. 9. Medical Politics. 10. Surgery and Ophthalmology. 11. Obstetricy and Diseases of Women. 12. Psychological Medicine. 13. Education as regards Natural Sciences. 14. Hygiene and Forensic Medicine. 15. Diseases of Children. 16. Anthropology and Ethnology. 17. Military Medicine.

THE HARTLEPOOL WELL WATERS.

THE West Hartlepool Improvement Commissioners and their medical officer of health, Mr. R. Oldham, F.R.C.S., have been making some investigations which show conclusively that in many parts of the town well waters are being used by the inhabitants which are so contaminated from their proximity to privies and otherwise, as to be quite unfit for human consumption. The waters of these wells have been analysed by a skilled chemist, and some of the samples were found to contain from 150 to 180 grains of solid matter per gallon, the nitrates being in such quantity as to yield copious nitrous fumes on ignition. The fact that these waters are dangerous to the health of their consumers is admitted on all hands, as is also the equally certain truth that it is to the interest of the whole of the inhabitants to prevent, as far as possible, the generation of an epidemic by the use of such polluted water among a portion of the population. The Commissioners apparently do not see their way to actually prohibiting access to these wells, which are private and not public wells, so they have printed and distributed numerous copies of a large handbill, urging the owners and occupiers of property to discontinue the use of water for drinking purposes drawn from wells in the least degree open to suspicion of contamination. According to the view of one of the Commissioners, they would be justified in filling up every well unfit for use in the event of an epidemic breaking out, but not otherwise. We can find no distinction of this nature in the law governing such matters. Section 76 of the Public Health Act of 1848 enacts that, if upon the report of the surveyor it appear to the local board of health that any house is without "a proper supply of water," and that such a supply can be furnished at a rate not exceeding twopence per week, the local board can require the occupier to obtain such supply, and if he be obdurate the board have the power to give the supply, and levy water-rates upon the premises within the limits of the prescribed twopence per week. Now it cannot be said that a house supplied only with well-water, highly charged with organic impurity, possesses in any sense "a proper supply of water," and we do not see what hinders the Hartlepool Commissioners from putting the section of the Act we have quoted into immediate practical operation. The greater part of the town has a fair supply of water from a company, which charges at the rate of about one shilling in the pound on the rental, so that there is, as far as we can judge, nothing wanting to empower the Commissioners, if they see fit, to command rather than entreat parties to avail themselves of the general supply to the town in substitution for water the use of which by a section of the community is a source of danger to the inhabitants at large.

POISONED SOCKS AGAIN.

WHEN we published a paragraph to the effect that some persons had been poisoned by their socks and underclothing, there were many who thought it a little piece of sensationalism; and they viewed our statement with incredulity, to say the least. It was probably thought to rest upon much the same sort of foundation as the classical story of the poisoned tunic given to Hercules by Dejanira. Since that time, some experiments which have been undertaken have proved that several of the fashionable dyeing ingredients in use are active poisons; and we have quite recently seen one well-marked example of a troublesome and painful local affection induced by the absorption of a dye through the skin. A gentleman purchased some socks, with a magenta stripe, at a well-known London house. He wore a pair of these one day during the recent hot weather. At night he felt a good deal of irritation and tingling in his feet, which he ascribed to the attack of a nameless animal. In ignorance of the true cause, he continued wearing socks of the same pattern for two or three days more; at the end of which time the skin of the heels had become red and inflamed, where the edge of the shoe probably caused most friction, and this was succeeded by a line of vesication disposed in a semicircle around the heel and side of each foot. The disease thus artificially induced was symmetrically placed on the two feet, and corresponded with one of the coloured stripes. He noticed that some of the dye had coloured the part. The pain was sharp, and the blistering far too well marked to be pleasant, as it rendered him lame, and his socks have consequently cost him twice their value in cab-hire.

Drs. Tardieu and Roussin, in a recent memoir on "Coralline"—the name of the new dye possessing the poisonous quality,—relate numerous cases in which cutaneous affections have resulted from its action. The exact composition of coralline has not been determined. It is a derivative of rosolic acid, a substance obtained from carbolic acid. That usually sold is a rosolate of soda, and the yellow variety is rosolic acid. According to these authors, an alcoholic solution, when injected subcutaneously into animals, acts as a poison; producing violent inflammation at the place of injection, and giving rise to inflammation of the intestines and lungs, fatty degeneration of the liver, &c. Introduced into the food of rabbits, it gives rise to similar effects; and, like madder, the colouring matter acts on growing bone, imparting to it a red tint. From the lungs of animals into which coralline had been injected, sufficient of this substance was extracted to dye a piece of silk red. Coralline

exhibits several chemical reactions by which it may be distinguished from other dyes.

THE ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

OF a truth the Doctors of Medicine of St. Andrews know well how to keep one of the terms of the bond of their Association—the cultivation of social intercourse and good fellowship. Tuesday, the 20th inst., was specially devoted to the performance of this duty. Time and scene were favourable: the brilliant July sun was tempered by a cool refreshing breeze, and the meeting-place was that Hertfordshire town where England's first martyr suffered for his sacred hospitality and his devotion to his faith, and where England's great statesman-philosopher lived and rests. Early in the day a large party left London, and, having arrived at St. Albans, was most hospitably entertained at lunch by Dr. Lipscombe, who acted as guide, philosopher, and friend throughout the day.

First, St. Stephen's Church was visited to see the aisle where the lepers from the neighbouring hospital worshipped apart from, and yet with, their fellows. Then to Gorhambury, through the pleasant wood and across the park to what remains of Bacon's house: the roofless walls, and the sculptured turret where he wrote and, dying, lived for ever. On to St. Michael's Church, with its ancient Saxon arches, and perhaps still more ancient Roman walls, a still existing part of the Basilica, where lies the body of the great Viscount, and where his counterfeit presentment in alabaster sits now as he once sat. Then, reinforced by another detachment of graduates from town, to the glorious Abbey Church, to see the pilgrim-worn stones of the shrine of the Martyr, the monuments of great abbots and of the good Duke of Gloucester, the fine brasses, the grave of Mathew Paris the historian, the striking contrasts of architecture—early Saxon and late perpendicular, here well-dressed stone, there flint and tile from Verulam; then up the great square tower; and, lastly, across the Ver to the ruins of the old Roman city. The day was brought to a pleasant ending by a dinner at the Peahen, at which the members were honoured by the presence of several gentlemen of the town.

The holiday was a complete success, out of which each will "prick in some flowers, of that he hath learned abroad," to live and blossom in his memory.

A WARNING TO APOTHECARIES.

PROBABLY no Act was ever more irritating and uncertain in its operation than the Medical Act of 1858. One day it entirely fails when brought to bear on a druggist who presumptuously sins by undertaking the highest medical duty, and another day it is applied with severe efficiency to a qualified practitioner who uses a title in excess of the diploma which he possesses. We have illustration of both these statements in our hands just now. Our immediate object is to make clear the facts of Mr. Taylor's case, which was not correctly or clearly stated in the newspaper report which we gave last week. Mr. Taylor became a Licentiate of the Apothecaries Company in April last, and had passed his first examination at the College of Surgeons, but the four years of professional study required before going up for the second examination will not expire before *November next*,—so that he is not a surgeon in the legal sense of the word. Impatiently, he put on his door the word "Surgeon," as many a respectable apothecary does, and as many other men do with one of those miserably imperfect qualifications which have been foisted on men in the interest of those companies and corporations which have hitherto ruled our profession. For this offence he was fined £5, and had to pay £2 expenses. We are no apologists for the use of false titles, but we consider this a severe and ungracious use of the Medical Act, especially if Mr. Taylor were not previously warned of his offence. For bodies which have fattened upon defective diplomas, and had a Medical Act all to their own liking, to use it against men with a qualification as good as their own, is, to say the least, unkind. It supplies a timely illustration of the working of the Medical Act, and of the present system of licensing bodies.

TIGHT CLOTHING IN THE ARMY.

A HAPPY illustration of the beneficial effects of removing all constriction from the neck of the soldier when under arms was given at Aldershot on Monday, the 12th inst. A review of the troops took place on that day, and lasted about five hours—namely, from 10 A.M. to 3 P.M. The heat was most oppressive. Men were observed to fall out on all sides, and when a halt was made, after the review terminated, the plain was freely dotted with them. Observing that a very small proportion were Guardsmen, inquiries were made as to the actual number of the Coldstreams who fell out, and it was ascertained to have been nine in all; and of these, only two had to be conveyed in the ambulance—one having a sprained ankle, the other being ill with fits. This battalion turned out in ten strong companies, while nearly every other corps comprised only eight, and in some instances only six companies; yet we believe the number of men who fell out to have been actually more numerous in these than in the Guards, although the latter were throughout the day on the wheeling flank, and were allowed but little repose. The explanation was simple: the Guards' commanding officer had issued an order in the morning that all the stocks were to be removed and the tunic collars to be unhooked prior to starting.

Such a satisfactory result to so simple an order is most suggestive of the truth of much that has recently been written on this subject, and it is well worthy of being recorded. The whole battalion were unanimous in their expressions of the immense relief thus obtained; and we have great pleasure in stating that, according to information we have recently received, the new-pattern clothing about to be made for the Guards will render this relief permanent.

We cannot conclude these remarks without expressing a hope that in the next issue of the new loose clothing to the army, the present method of fastening the collar round the neck by one large hook and eye will be entirely done away with, as this was one of the most important defects of the old pattern; and that, in the mean time, an order similar to the one above-mentioned will be issued to the army.

ANOTHER SACRIFICE.

WE regret to state that Dr. Stephenson, of Mile-end, has succumbed, after an illness of nine days' duration, to the fever from which we announced last week that he was suffering. Ten days before his death he was in attendance upon two serious cases, one in the filthy houses in Edward-street, so emphatically condemned by the coroner's jury, and the other in St. Dunstan's-road. Dr. Stephenson has been one of the district medical officers of Mile-end since the establishment of the union. He was remarkable for his unremitting attention and personal kindness to the poor who were under his charge, and in him they have lost a real friend. The guardians have unanimously joined in the expression of deep sorrow at his loss, and of sympathy with his bereaved family.

In this melancholy death we have another illustration of noble devotion to duty, and of the fact that the dangers of civil practice, if not so obvious as those of military, are not

less real. We acknowledge with pleasure the kindly expression of feeling on the part of the guardians and the poor; but we fear we shall look in vain for the same substantial recompense to the widow for the loss she has sustained as would have followed a death upon the battle-field. It would indeed be a boon, though nothing more than justice, if Mr. Goschen would take powers to secure a small pension to be paid to the widow in such cases, with the consent of guardians, from the common fund; and we do not believe that there is a ratepayer in the whole metropolis who would not rejoice in the opportunity of acknowledging such noble sacrifice.

THE BRIGHTON DRAINAGE.

MR. HAWKSHAW, the engineer who has been consulted as to the best means of removing the Brighton drainage further from the town, has held a conference with the inhabitants with the object of receiving suggestions. As the terms of reference were somewhat obscure, an attempt was made to impose upon him an extension of the existing system; but as such clearly was not the intention of the Council, Mr. Hawkshaw brought back the attention of the speakers to the engineering question, upon which alone he desired to know their views. Mr. Somers Clarke explained the history of the plans prepared by Messrs. Maclean and Wright, which proposed to conduct the sewage eastward to Rottingdean, and Mr. Dunhill explained that although Mr. Rawlinson had devised a plan for conducting it westward, a letter had been received in which it was stated the scheme to the eastward was equally practicable. All these plans have been placed in Mr. Hawkshaw's hands, and although no very important or novel suggestions were made by any of the speakers, the general feeling of the meeting was very clearly expressed, that the sewage must be diverted from the frontage of the town, and, more doubtfully, that it should be taken eastward, and distributed over the thirsty downs, whose fertility would be enormously enhanced thereby. This we believe to be the true solution of the difficulty, since we are convinced that under proper management the utilisation of sewage by irrigation will be found to pay.

GIBRALTAR.

A CORRESPONDENT, writing to our contemporary the *Army and Navy Gazette*, complains of a paragraph which lately appeared in our columns relative to the drainage of Gibraltar, contending that we have been misled by our informant into accepting, in commercial language, a spurious bill. It does not seem to us, however, now that we have been enlightened by fresh information, that we were substantially very far wrong. If "there has been no failure of the plan," it is confessed "there has been a muddle;" and whether it were in the "lower level main" or "the great main," it is not denied that an obstruction to the drainage existed, to overcome which water was conveyed by carts and thrown down the sewers; and, lastly, whether the blame rested with the home or local authorities, "the flushing operations were not ready at the same time the drains were finished," and persons consequently "have been breathing a vile effluvium while walking the streets, the hot season rapidly approaching." Be all this as it may, however, we are very glad to learn from the *Gibraltar Chronicle* of the 17th ult. that a very important discovery has just been made—namely, of a new and, what promises to become, an abundant source of water-supply. It appears that two wells had been sunk at the north front of the fortress, to the depth of 10ft. or 12ft. only; and one of these has, after continuous trial, produced an amount averaging 72,000 gallons per diem, and the other considerably more. From the last-mentioned well a steam-pump has thrown out for several successive days a daily average of 400,000 gallons, the whole supply coming from the inflowing streams from the bottom. According to what we hear of the results of a chemical examination, the quality of the water promises to be good. Considering what the hot season is on the "Rock," and the great scarcity of water there, the residents and inhabitants of Gibraltar may be congratulated on this very opportune discovery.

HYTHE AND ITS SCHOOL OF MUSKETRY.

THE inhabitants of Hythe must have been very much surprised, and perhaps a little startled, when they read in the debates of the Upper House, one morning, that they were living, according to Lord Kinnaird, in close proximity to a source of malarious fever capable of inducing a disease allied to the jungle fever of India. A form of disease termed "bilious remittent fever" was said to have occurred among the officers at the School of Musketry; but from all we have ascertained, the disorder which prevailed on a small scale was attributable far more to sudden changes of temperature than to anything else. Dr. Massy, the head of the sanitary branch, officially inspected the place, and Lord Northbroke was enabled, by his report, to put a very different complexion on the matter. Fevers of every kind are rare, and those of an aguish character are of very exceptional occurrence among the military and civil populations. There is a ditch or stream—which Lord Kinnaird erroneously described as having been dry for several weeks—in connexion with the barracks, and a canal into which the sewage of the building and town is discharged. The Romney marshes are marshes only in name; but owing to the stillness of the water, and the absence of vessels along the canal, the vegetation is apt to grow apace and to accumulate. The discharge of sewage into the canal is, no doubt, objectionable, and there are some sanitary improvements which might be beneficially carried out at the barracks. There is no reason to suppose, however, that Hythe is, in this respect, inferior to any other military station, but rather the reverse. No form of jungle fever is, we are happy to find, likely to be contracted there, and service at Hythe will not, we presume, be considered equivalent to service in India, where fevers of that character are rife.

JUSTICES' JUSTICE.

IN another column will be found a letter from Mr. John Langston, F.R.C.S., explaining the circumstances under which he was recently fined one shilling for neglecting to send a vaccination certificate to the Registrar.

Such is the labyrinthine obscurity of English law on this, and on most other subjects, that although the case appears to us as one more instance of the general incapacity of the great unpaid, we hesitate to declare positively that it is so, or that the magistrates had any discretion in the matter. But if they had not, is it not monstrous that a member of a learned profession should be liable to the trouble and annoyance of such proceedings for a single and purely accidental delict? We believe that the penal clauses of the Vaccination Act have never once been enforced against recalcitrant parents without ample warning of the risks they were incurring, and without ample time being afforded them to comply with the requirements of the law. It is perfectly intolerable that any Act of Parliament should be capable of being applied as a mere instrument of vexation, as, from Mr. Langston's letter, there is much reason to fear was done in this instance. We hope that some medical member of the House of Commons will put a question to the Government about this most absurd conviction; and that, if it be maintainable in law, steps may be immediately taken that

so vicious a law may be amended. The medical profession, in all relating to vaccination, has been used as a mere shuttlecock between the Government and the public; and it is not too much to ask that its members should at least be entitled to receive due warning from the Registrar of any accidental omission, and to have opportunities of rectifying it, before they can become subject to the jurisdiction of a country bench.

THE SHARPEY MEMORIAL.

WE are glad to learn that the proposal to form some memorial at University College to one of its oldest and most distinguished professors, Dr. Sharpey, has already met with a warm response on the part of that gentleman's old pupils and friends. The first list of subscriptions, which is now being circulated with an appeal to the old students of University College throughout the country, amounts to the handsome sum of £1390, and contains the names of most of the more prominent men in medicine and general science. About £3500 is, we understand, required to carry out in its entirety the suggested plan, of which we gave a sketch in our issue of April 24th last. Dr. Russell Reynolds and Mr. John Marshall are the Hon. Secretaries of the Fund, and will be happy to receive the names of subscribers.

THE INQUIRY AT BARKING.

THIS inquiry has been adjourned to Westminster. At the last meeting Mr. Macdougal, Mr. Bazalgette, and Mr. Hawkshaw, C.E., were examined by Sir W. Karslake, Q.C.; and Mr. Philbrick, on account of the Metropolitan Board of Works, and other eminent engineers, have been retained to give evidence. Mr. Bazalgette not only denies that there has been any deposit in the Thames in consequence of the discharge of sewage, but states that there are 480,000 cubic yards less of mud in Barking Reach than there were when the drainage outfall was first opened. We confess our astonishment at this extraordinary statement, and shall wait for the further evidence with some impatience. Looking to the distinguished names employed, we should imagine the expenses of this inquiry will not be less than £500 or £600 per day. And this, be it observed, for the sole purpose of preventing the Thames being served like any other river. The truth is, that the Londoners have no more right to pollute the Thames with their sewage than the inhabitants of West Derby have to pollute the Mersey. What is sauce for the goose ought to be sauce for the gander also.

MEDICAL SALARIES IN MARYLEBONE.

THE Poor-law Board have again postponed their sanction to any increase of the salaries of the district medical officers of Marylebone, on the plea that such salaries should be put upon a uniform basis throughout the whole metropolis. The Board also state that there is a provision in the amended Poor Bill now before Parliament which will facilitate the establishment of dispensaries, and that they "will not fail to communicate with the guardians with the view of placing the medical arrangements on a permanent and satisfactory footing." We rejoice at this announcement; but seeing that the guardians are perfectly satisfied that the increase they propose to give is just, there can be no reason why it should not have been sanctioned, especially as the Poor-law Board have full powers to adjust the salaries afterwards, should there be a necessity for doing so. Mr. Carre Tucker, C.B., moved that a letter be written to the Poor-law Board justifying the course taken; and Mr. Thomson Hankey, J.P., in supporting the motion, stated that if there was one scandal greater than another it was that of the inadequate pay of medical officers. Even if the Act were passed, it might be some years before it was brought into operation. The motion was carried; and we hope the Poor-law Board will not persist in opposing the wishes of the guardians, and so inflict further injustice upon gentlemen who have very heavy duties and very scanty pay.

THE LONDON HOSPITALS.

IN the Annual Blue-book of Miscellaneous Statistics published by the Board of Trade is given a table, compiled from information supplied by the governors of the principal hospitals in the metropolis, showing the number of in-patients during each of the years 1865, 1866, and 1867, in the several London hospitals. From that table we have, by a process of condensation and calculation, obtained the following results, which can hardly fail to have a certain degree of general interest. Col. 1 shows the aggregate number of cases treated to a termination during the three years; Col. 2, the deaths in the same period; and Col. 3, the proportion per cent. of deaths to cases treated.

	Col. 1.	Col. 2.	Col. 3.
Charing-cross	3136	227	7·2
Guy's	14989	1531	10·2
London	13743	1531	11·1
Middlesex	6256	795	12·7
St. Bartholomew's	15832	1678	10·6
St. George's	11234	1088	9·7
St. Mary's	5265	563	10·7
St. Thomas's...	5536	624	11·3
Westminster...	5086	503	9·9
Consumption (Brompton) ...	3107	411	13·2
Fever	9743	1775	18·2
Small-pox	4944	645	13·0

No returns were received from King's College Hospital. On an aggregate of 98,871 cases treated, the death-rate was 11·5 per cent.

THE CALENDAR OF THE COLLEGE OF SURGEONS.

THE reduction which took place last year in the price of this publication—viz., from half-a-crown to one shilling—has resulted in a larger sum being obtained at the lower price than at the old one. The Council have determined that a greater number shall be printed in future, and that a copy shall be presented to each new member on receiving his diploma, so that for the future all members shall have the means of becoming acquainted with all the details of the constitution of the College as contained in the Calendar. The Calendar is always to be purchased at the College; and we think that every member should be enabled to get a copy (if living in the country) by forwarding the requisite number of postage stamps.

THE VACCINATION ACT AMENDMENT BILL.

IT is really hard to understand what could have induced the Marquis Townshend to take the trouble to prepare and submit to Parliament ten or a dozen Bills for making alterations—we cannot say amendments—in the existing laws affecting a variety of social and sanitary questions, and then to withdraw them one after another almost as a matter of course. His Bill for amending (?) the Vaccination Act, the absurdities of which were fully exposed in this journal when it was first published, was withdrawn on Thursday week. There never was the smallest chance of its passing; and one cannot but think that, if a proper discretion were exercised as to the character of Bills sought to be introduced into either House of Parliament, such feeble attempts at law-making would be summarily nipped in the bud, and thus a very considerable item of expense for printing useless Bills would be saved to the national purse.

ROYAL COMMISSION ON WATER-SUPPLY.

WHEN the Report of this Commission was issued, now nearly a month ago, it was a matter of surprise to us that the evidence and appendices to the Report were not also published. We had some grounds for believing that no evidence had been received by the Commission for many months past, and we therefore were led to suppose that it was all in type and ready for publication with the Report. It is of great importance that the public should, as soon as possible, have the amplest means of judging how far the Report is consistent with the evidence before the Commission; and as Mr. Knatchbull-Hugessen says the evidence has gone to press, we trust there will be no delay in issuing it.

MORTALITY IN THE ARMY OF NORTHERN GERMANY.

THIS army consists, in round numbers, of 300,000 men. In the year 1868, the deaths comprised 114 officers and 1344 rank and file; 134 men committed suicide. Hence it will be seen that the mortality hardly reaches one-half per cent. This proportion was almost identical with that of the former simply Prussian army—viz., 69 or 70 deaths out of 10,000 men. These are very low figures as compared with the death-ratio in other armies, the calculation being also based upon 10,000 men. In Russia the proportion is 390, in Italy 150, in Belgium 145. The advantage lies certainly with the army of Northern Germany.

THE MEDICAL OFFICER TO THE DUBLIN MILITARY PRISON.

OUR military readers will have perused the answer given in the House of Commons on the 20th inst. by Capt. Vivian to the question of an honourable member regarding Surg.-Major Tufnell. Without disputing the justice of his claim to hold his present appointment, we can quite understand that Mr. Tufnell's exceptionally good luck in having served all those years in a berth at home, where the duties are evidently not very onerous, must have been a source of envy to men of the same rank who have had the bad luck to broil abroad for a large portion of the same period.

UNIVERSITY OF CAMBRIDGE.

THERE will be an examination in Natural Science for two scholarships of the value of £40 a year each at Sidney College in October. Mr. Savory has been nominated as Examiner for the degree of Master in Surgery, and Dr. Hooker as Examiner in Botany for the Natural Sciences Tripos.

THE CONTAGIOUS DISEASES ACT.

WE understand that the late Committee of the House of Commons on the extension of the above Act have completed their Report, and we may therefore shortly expect to see it published. It is rumoured that the Committee have recommended a return to the old custom of inspecting soldiers for venereal diseases.

MR. BERNARD BRODHURST has been appointed orthopædic surgeon to St. George's Hospital, and has resigned the office of assistant-surgeon, which he has held for upwards of six years.

THE present staff of female nurses at Netley Hospital will leave that establishment in October, and their places are to be filled by trained sisters from St. Thomas's Hospital. This is in accordance with an arrangement made by Sir John Pakington with the Nightingale Committee last year.

CHOLERA appears to be gradually on the increase in the different commands of the Bengal Presidency. The 58th Regiment is said to be not yet free from attacks. Cases of the disease have occurred among the troops at Allahabad and Jubbulpore, in the 7th Regiment at Saugor, and in the corps stationed at Morar, Seetapore, Dum-Dum, and Berhampore.

FROM information we have received, it would appear that the health of the European residents generally at Hong Kong has been very good during the past year. The barracks occupied by the troops have not been overcrowded, and great attention has been paid towards preserving an effective sanitation. The station has also enjoyed an immunity from epidemic visitations.

THE debate on the Hospitals &c. Rating Exemption Bill has been adjourned so many times that, although it stands on the Order Book of the House of Commons for Tuesday next, we hardly expect that it will get beyond its present stage this session.

AN engineer and oil merchant, of Bow, who has managed on several occasions to escape a conviction under the Vaccination Act on account of informality in the proceedings taken, has now been ordered by the presiding magistrate at the Thames Police-court, to take his child to the public vaccinator within fourteen days. The defendant expressed his determination to resist the enforcement of the order.

THE next "House Dinner" at the Medical Club will take place on Wednesday, July 28th, on which occasion Edwin Saunders, Esq., will take the chair.

IN reference to the letter which we print elsewhere (p. 143) from Dr. Rose, of Kidderminster, we learn from a local paper that the Home Secretary has directed Mr. Arnold Taylor, the Government inspector, to hold an inquiry at Kidderminster on Wednesday and Thursday next under the Sanitary and Local Government Act.

FROM the *Melbourne Argus*, we learn that small-pox, which was lately introduced into the colony, has almost disappeared, only one new case having recently occurred. The alarm which was excited on the first manifestation of this dreaded disease in the colony, led to the adoption of stringent measures to prevent its diffusion, which appear to have been successful.

DURING the past week Dr. Armstrong, the Director-General of the Naval Medical Department, has officially inspected Melville and Greenwich Hospitals, and we have some reason to hope that the result of his visit to the latter institution may possibly affect the determination of the Admiralty to close that noble charity against those disabled seamen for whom it was specially intended.

H.R.H. PRINCESS MARY of Teck, on Thursday last, the 22nd inst., opened the new wing of the Hospital for Women in Soho-square.

THE Parliamentary "massacre of the innocents" has begun in right earnest. The County Coroners' Bill, and the Adulteration of Food or Drink Act (1860) Amendment Bill were both withdrawn in the House of Commons on Wednesday.

THE Court of Common Council has granted 100 guineas to the Royal Hospital for Diseases of the Chest.

MR. BELLAIRS, the Inspector of Schools, has, in his report on the schools of Berks and Oxford in 1868, called attention to the ignorance in regard to the proper principles of heating and ventilation which is characteristic of a large proportion of the school-houses. Bodily health seems in such cases to be considered as having no sort of connexion with mental growth and expansion.

THE Manchester Medico-Ethical Association has petitioned Parliament to extend the Contagious Diseases Act to that city.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Session 1869.

ROYAL COLLEGE OF PHYSICIANS.

SATURDAY, JULY 10TH, 1869.

THE Council reassembled at one o'clock. The President, Dr. PAGET, in the chair.

The Minutes of the previous meeting were read and submitted for confirmation.

Dr. ALEX. WOOD referred to the Minute respecting the election of President, and complained that no reference was made to the nomination of Mr. Cæsar Hawkins.

Some conversation on this subject took place; and it was explained that on previous occasions the name of the person elected was the only one inserted on the Minutes, and that it had been thought desirable to follow this precedent.

A ballot was then taken for the election of the Executive Committee. The following gentlemen were elected:—Dr. Bennett, Mr. Cæsar Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. A. Smith, and Dr. Sharpey.

THE FINANCES OF THE COUNCIL.

The following Report of the Finance Committee was laid before the Council:—

The Finance Committee leg leave to present, in the subjoined table, a statement of the estimated and actual income from ordinary sources, and of the estimated and actual expenditure, for the year 1868, also an estimate of the income and of the expenditure, so far as the Committee are able to judge, for the year 1869.

In estimating the expenditure for 1869, as compared with that of 1868, the Committee have made a deduction of the expense of Visiting Examinations, which has not been incurred this year, and have also had in view the saving that may probably be effected on the ordinary account for printing, in consequence of the adoption by the Council of the measures of economy recommended by the Executive Committee; but, on the other hand, they have had to allow for a considerable extra charge for printing and other expenses incurred by the two special Committees on Education and State Medicine appointed last year. The result is an estimated excess of expenditure over income of £375.

In last year's Report it was stated that the sum remaining due to the Council on the 5th of January, 1868, for advances on account of the Pharmacopœia, was £712. Since then, the receipts from the sale of the work, after deduction of all expenses, have produced £735 16s. Of this sum, about £500 will be required to defray the charges for a reissue of 5000 copies of the Pharmacopœia, ordered by the Executive Committee, in consequence of the original impression of 20,000 copies being wellnigh exhausted. The money balance in hand, together with what may be expected from the sale of the remaining stock and the whole of the new issue, after deducting various expenses, may be reckoned at upwards of £1500, which, after covering the outstanding debt due to the Council, will eventually yield a balance of £800.

W. SHARPEY, Chairman.

	Estimated Income for the year 1868.			*Actual Income for the year 1868.*			*Estimated Income for the year 1869.*		
	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Fees received by—									
Branch Council for England ...	2400 0 0			2402 15 0			2350 0 0		
" " Scotland ...	650 0 0			757 0 0			700 0 0		
" " Ireland ...	800 0 0			837 15 0			800 0 0		
		3850 0 0			4997 10 0			3850 0 0	
Dividends received by—									
Branch Council for England ...	630 0 0			617 10 10			*670 0 0		
" " Scotland ...	80 0 0			67 6 10			65 0 0		
" " Ireland ...	60 0 0			62 7 4			60 0 0		
		770 0 0			747 5 0			795 0 0	
Sale of Registers	... ...	300 0 0		... ...	284 9 6		... ...	280 0 0	
Penalty	... ...	... ...		... ...	10 0 0				
		£4920 0 0			£5129 4 6			£5025 0 0	

	Estimated Expenditure for the year 1868.			*Actual Expenditure for the year 1868.*			*Estimated Expenditure for the year 1869.*		
	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Expenses of—									
General Council	... ...	3400 0 0		... ...	4044 1 3		... ...	4100 0 0	
Branch Council for England ...	800 0 0			622 9 7½			700 0 0		
" " Scotland ...	345 0 0			264 1 6			300 0 0		
" " Ireland ...	300 0 0			259 12 1			300 0 0		
		1445 0 0			1146 3 2½			1300 0 0	
		4845 0 0			5190 4 5½			5400 0 0	
Balance in favour of Medical Council .	75 0 0			Total Income	5129 4 6		Estimated Income ...	5025 0 0	
				Excess of Expenditure over Income	£60 19 11½		Estimated Excess of Expenditure ...	£375 0 0	
	£4920 0 0								

* The estimated increase on this item is in consequence of £2000 Three per Cent. Stock having been purchased during the year 1868.

Dr. SHARPEY, in moving the reception of the report, said that the Council would have learned from experience that the estimates of prospective expenditure were founded on very uncertain data, and therefore liable to be falsified. On the present occasion they were obliged to trust to data that were very uncertain. One of the chief items of expense was that connected with the sittings of the Council, which it was thought would conclude on that day; but as it was obvious that there would be another day's sitting, an additional expense of £100 would be incurred. Last year one of the members was absent during the whole sitting of the Council. Such was not the case on the present occasion, and that would make a difference of another £100; so that the excess of expenditure over income, instead of being £375, would be £575. Such a result would probably lead the Council to look at the character of its expenses, and consider whether any economy could be effected. He thought it right to state that there was no cause for alarm, seeing that there was property belonging to the Council, including the present impression of the Pharmacopœia, amounting to about £1500. A great proportion of the additional expense during the present year had been occasioned by the reports of the two Committees on Education and State Medicine, which, however, he was quite sure the Council would not grudge. It had been suggested that the members of the Council might consent to a reduction of their fees for attendance; but he was not at present prepared to make any such proposal.

Dr. ANDREW WOOD insisted on the necessity of some reduction in the expenses of the Council, and said: With the great majority of the members a very large pecuniary sacrifice is made. (Hear.) At the same time, it must be remembered that we have a great work to carry out, and that we must have the sinews of war, without which our efforts will be unavailing. I do think that a modification of payment of fees might be introduced with advantage. The proposal I have to make is that the members of Council be allowed five guineas a day for seven days, or whatever number of days under that number the Council may sit; and that, whatever be the duration of the session of the Council, the sum paid to each member shall not exceed thirty-five guineas in all; that when a member is absent without the permission of

the President from any meeting, after the seventh he shall forfeit the sum of three guineas for each day he is so absent.

Dr. QUAIN seconded the motion.

Dr. PARKES suggested that their payment should be limited to six days.

Dr. ANDREW WOOD acceded to the suggestion, and altered his motion accordingly.

Sir D. CORRIGAN.—I rise, Sir, to meet this motion with a direct negative. I think the proposal is very ill-advised. This proposal is amazingly like the practice of certain persons to visit for half or quarter fees. Now my practice through life, and I believe the practice of every man who respects his own character and the wants of the public, has been this: if a fee commensurate with the advice and the time given cannot be paid, to give the advice and the time for nothing. If we now take less than the sum we have been receiving, it is a confession that we have been overpaid in the past. If it be the feeling of the Council that the funds cannot afford to pay the wretched honorarium that we have received, I am willing to give my time for nothing, but I will not accept a smaller sum. Are there no other ways of reducing the expenditure? The Crown is represented at our board, and yet we are left without a roof to shelter us. Let the Crown pay its representatives. Then there are among us representatives of the learned Universities. Some of those Universities possess enormous incomes. Let them pay their representatives here. If you would pass such a resolution, I have no objection to go to my own University and say to them, "You must pay me, or I will not go to London."

Dr. FLEMING supported the motion.

Dr. ALEX. WOOD, amongst other things, said: I would rather that we should perform the high and honourable duties that we are called upon to discharge here entirely gratuitously than to be paid in such a way. It has been said that the Act requires that we should be paid, but I am sure if we came to a resolution to discharge our duties gratuitously, the Privy Council would not interfere, and force the money into our pockets.

Dr. BENNETT, after protesting somewhat warmly against the principle of gratuitous labour, said: There is no man here who cares twopence for the fees he gets; but there may be many who care a great deal for principle, and if any fee is awarded I maintain that the sum we now receive is the least possible sum that we should think of accepting. If we wish to diminish the expenses of the Council let us shorten our speeches, let us go more directly to our business, and we might transact it in a third of the time we have hitherto occupied. There is no excuse whatever for the amount of speaking that goes on at this board. We are called upon continually to listen to long orations upon a variety of subjects, whether important or not. It would not be a difficult matter to calculate how much this very discussion has cost us. I rise simply to say that I shall vote against any such proposition, and I vote against it solely upon principle, and because I think that a petty mercenary proposition of this sort is unworthy of our consideration, and derogatory to the profession at large.

Dr. QUAIN.—This is a question of a practical character, and we must look it in the face. You must lessen your usefulness or reduce the amount of the fees you receive. I believe that this proposal is calculated to shorten the duration of the Council, and I therefore second it. If the plan does not have the effect that I anticipate, I should willingly vote for limiting the time appropriated to speeches. If that was done, I believe our meetings would be restricted to six days, during which as much business would be transacted as we have ever been able to accomplish.

Dr. STORRAR.—My decided impression is, that we should increase our usefulness if we could contrive to limit the time of our meetings, and shorten the tympanitic speeches that we so often hear at this board.

Dr. RUMSEY thought that the desired object would be best obtained by limiting the time of the speeches at the Council board.

Mr. COOPER expressed a hope that nothing would be done to interfere with the visiting of examinations, and said (with an eloquent snap of the finger and thumb) that the question of remuneration was to him a matter of complete indifference.

Dr. CHRISTISON also made a speech against long speeches, and moved, as an amendment, "That the annual session of the Council be limited to six days, and that the powers of the Executive Committee be extended in the Medical Acts Amendment Bill, so as to allow any remaining business of the Council to be transacted afterwards by the Executive Committee."

The PRESIDENT asked what proportion of the expenses was to be attributed to the reports of the two Committees on Education and State Medicine.

Dr. SHARPEY said he believed the amount was between £300 and £400.

Dr. THOMSON seconded Dr. Christison's amendment.

Dr. STOKES thought it would be better that the members of the Council should serve gratuitously than have their fees pared down from year to year. The experience of public boards, however, seemed to prove that a fee, however small, was very effective in securing regular attendance.

Dr. A. SMITH said this motion of Dr. Wood's was a mean submission, and pandering to the clamour out of doors. They had better work gratuitously than have their fees reduced.

Dr. ANDREW WOOD replied.

Dr. Christison's amendment was then put to the vote. Nine members voted in its favour, and nine against it.

The PRESIDENT said he thought the amendment introduced a change of so much importance that it ought not to be adopted until it had received further consideration. Under these circumstances he should decline to vote, and, the numbers being equal, the amendment would be regarded as not carried.

Dr. FLEMING then moved another amendment,—"That it be remitted to the Executive and Finance Committees jointly to consider and report upon the best means of lessening the expenditure of the Council."

Dr. STORRAR seconded the amendment, which was immediately put to the Council, and adopted.

MEDICAL EDUCATION.

The Report was laid before the Council by the Committee on Medical Education.

The following resolutions were proposed by Dr. ANDREW WOOD, seconded by Dr. PARKES, and agreed to:—

"That the Report of the Committee be received and entered on the Minutes; and that the Appendices be added to the volume of the Minutes of Council."

"That the Report of the Committee on Education be taken into consideration at the next session of Council; and that in the meantime the Report, with the Appendices, be submitted to the various licensing bodies for their consideration and remarks, with a request that their remarks be sent to the Registrar on or before the 1st of December, 1869."

"That a Committee of five members be appointed, to whom the comments of the licensing bodies on the Report of the Committee on Education be referred, and shall have power to discuss with the licensing bodies the various points mooted in the Report, and embody the results in a Report to be sent to the Executive Committee at least one month before the next session of Council. The Committee shall have power to fill up any vacancies that may occur in its numbers during the recess."

The Committee to consist of Dr. Parkes (Chairman), Mr. Hawkins, Dr. Andrew Wood, Dr. A. Smith, and Dr. Sharpey.

PRELIMINARY EXAMINATION.

The following Report of the Committee on Preliminary Examination was laid before the Council:—

Your Committee have considered the Reports from the Branch Councils on the resolution passed by the General Council on the 4th of July, 1868, referred to them by the General Council on the 1st of July, 1869, with the light of additional information.

It appears that the Branch Council for England, after a full review of the subject of preliminary general education and examination, and of the Report on "General Education and Examination" adopted by the General Council on the 11th of August, 1858, especially of the following paragraph of that Report—viz., "That the examination on general education be eventually left entirely to the examining boards of national educational bodies recognised by the Medical Council,"—desire to adhere to the view thus expressed, and to divest at as early a period as possible all the medical bodies of the duty of conducting preliminary examinations on general education. It further appears that the Branch Council for England have met with no difficulty in exercising the privilege of inspecting the examinations of national educational bodies. Your Committee are of opinion that the examinations conducted in England exclusively by national educational bodies justify the confidence placed in them by the Branch Council for England,

and they would be well pleased to see the duty of preliminary examination in Arts entirely transferred to these bodies.

The Branch Council for Scotland, on the other hand, desire that the General Council should direct the licensing bodies to establish a joint Board of Preliminary Examination in Arts, over which the Branch Council should have direct control. Your Committee are of opinion that, without greater legal powers than are at present possessed under the Medical Acts, it would not be competent for the General Council or for a Branch Council to require the establishment of such a joint board; but they consider the establishment of such a board by voluntary agreement to be highly desirable, and recommend the Branch Council to encourage its formation, provided the examinations are conducted by persons external to the licensing bodies or faculties of medicine, and free from all control beyond inspection by members of the General or Branch Council. It would, nevertheless, be satisfactory to your Committee that these examinations should eventually be placed entirely in the hands of national educational bodies in Scotland.

The Branch Council for Ireland are of opinion that the institution of a Board of Preliminary Education in each division of the United Kingdom might be very desirable if the legal rights and privileges of the several licensing bodies permitted it. In this case your Committee can only suggest, in the event of no available examinations being established in Ireland by national educational bodies, that recourse might be had to the institution of a joint board by voluntary agreement, subject to the same conditions as have been suggested for Scotland.

Your Committee have examined the scheme for local examinations instituted by the University of Edinburgh which has been referred to them, and recommend that the "examination of (senior) candidates for honorary certificates" of that University be accepted as satisfactory evidence of general education, provided the pass certificates shall attest an examination on all the subjects required by the General Council.

Your Committee have also examined the scheme for voluntary examinations instituted by Christ's College, Canterbury, New Zealand, which has been referred to them, and recommend that certificates of having passed the voluntary examination of Christ's College be also accepted as satisfactory evidence of general education, provided such certificates shall attest an examination on all the subjects required by the General Council.

ALEXANDER WOOD.

Dr. ALEX. WOOD moved, "That the report be received and entered on the Minutes."

Dr. STORRAR seconded the motion, which was agreed to.

Dr. BENNETT proposed, "That inasmuch as there are now in England national examining boards on subjects of preliminary education, which are readily available by students throughout the kingdom, and whose certificates are in all respects deserving of the confidence of the Council, the time has arrived when the special preliminary examination in general knowledge instituted by the English medical corporations should cease to be recognised."

Dr. STORRAR seconded the motion.

Sir D. CORRIGAN opposed the motion on the ground that the conclusion was inconsistent with the preamble, and that if passed it would be inoperative. Why should the English medical corporations be singled out except for the purpose of inviting opposition? The next move, if this resolution passed, would be to substitute Scotland or Ireland for England. It seemed, too, to be forgotten that these corporations had Acts of Parliament and charters which the Council could not override. The resolution was a direct censure on the three medical corporations of England. The result of passing such a motion would be that a young man might be examined at Montreal, Hong Kong, Tasmania, or New Zealand, but the College of Physicians and the College of Surgeons of England would be regarded as unfit to conduct such an examination.

Dr. STORRAR said it had always been understood that it would be expedient at the earliest possible time to devolve the duties of the preliminary examinations entirely upon the national bodies. For the time being, however, some special examinations were recognised. A committee, of which he was chairman, was appointed by the English Branch Council to examine the papers of the preliminary examination of the College of Surgeons. The Committee applied themselves conscientiously to the task, and drew up a report which was not very flattering. It was, however, exceedingly painful to hear the College of Surgeons taunted with that Report. At any rate the Committee were treated with the most perfect openness and candour, and the worst papers as well as the best were submitted to them for inspection. He had no doubt that if the Council recommended it, the College of Surgeons would be willing to hand over the preliminary examination to one of the national bodies. The Oxford and Cambridge local examinations were becoming the means by which the masters of the best schools were testing the proficiency of their pupils. If ever the day came when every practitioner in the country would be obliged to receive a certificate from the University local examinations, the profession would be in a happy state, for there would be no better test of a man's fitness to enter on professional study than his having passed one of those examinations. It would very greatly conduce to the advantage of professional education if the special examinations by the medical corporations were discontinued, and the whole duty were left entirely to the national bodies. He was glad, however, to say that he had received testimony from many directions to the vast improvement which had taken place in the condition of the young men who came up to attend the medical classes in London. In University College, teaching was quite another business from what it was years ago. The same might be said with regard to King's College, but there was still great room for improvement.

Dr. ANDREW WOOD proposed, as an amendment, "That the Council consider that it would be desirable that in any new amendment of the Medical Act a clause should be inserted enabling the General Council or the Branch Council of any part of the kingdom to establish a board or boards for the examination of medical students in general education."

Mr. HARGRAVE seconded the amendment.

Mr. HAWKINS adduced as an instance of the stringency of the examination of the College of Surgeons the fact that in June, 1867, out of 155 candidates examined, 74 were rejected, and including two subsequent examinations, the rejections were one-third of the whole number examined. He did not approve of Dr. Bennett's applying his motion to only one part of the kingdom. As long as it applied to the three divisions of the kingdom he was willing to support it, but he thought the examinations throughout the kingdom should be placed on an equal footing, and he was opposed to piecemeal legislation. The College of Surgeons had no desire to keep the preliminary examination in its own hand if it could safely dispense with it. He thought the necessity of the case would be fairly met by a resolution to the following effect:—"That the attention of the several medical corporations be drawn to the Recommendation (No. 4)—viz., 'That the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council,' and that their opinion be asked whether the time has not now arrived when this recommendation should be carried into effect."

Dr. ACLAND said in the early days of the Council one of the great needs of the medical profession was seen to be that of placing its members in connexion with the general culture of the country. The popular notion was that the student must be sent to a particular crammer in order to prepare for a particular professional examination, but this was one of the evils which the Council had always desired to knock on the head. Without presuming for a moment to question the goodness of the examination by the College of Surgeons or the Apothecaries' Company or any other professional body, he still said such examinations led to a kind of education which the Council had always desired to keep the members of the profession free from.

Mr. HARGRAVE complained of the continual "changing and chopping" conduct of the Council with regard to this question. All that was required in Ireland was to be let alone. He objected to the preliminary examinations being under the control of the universities, and thought the duty should be left to the licensing bodies.

Dr. BENNETT said he had merely acted upon the understanding that he was carrying out the original intention of the Council as soon as possible to confine themselves to professional matters, leaving the preliminary examination to the national educational bodies. The sooner medical men could be made educated gentlemen, irrespective of their profession, the better for the profession. The number of students coming up to the special boards for preliminary examination was day by day diminishing, because the students went to licensing bodies with certificates from the recognised educational bodies. The necessity of having any preliminary examinations conducted by the licensing bodies was therefore decreasing day by day. He was perfectly satisfied to accept Mr. Hawkins's suggestion.

Dr. Andrew Wood's amendment was then voted on and lost, 6 supporting it, and 7 declaring against it.

Dr. Bennett's motion was then withdrawn in favour of that suggested by Mr. Hawkins, which was seconded by Dr. ACLAND, and agreed to.

The REGISTRAR read a letter from the President of the Royal College of Physicians of London, enclosing a copy of the licence of that body.

Dr. STORRAR said, under their Act of Henry VIII. the Royal College of Physicians had power to grant a licence to practise surgery.

Dr. BENNETT moved, "That the communication and copy of licence from the Royal College of Physicians be received and entered on the Minutes."

Dr. CHRISTISON seconded the motion.

Sir D. CORRIGAN doubted whether the clause in the Act of Henry VIII. was more than declaratory. He should like to see the College of Surgeons and the College of Physicians fighting the matter out.

The meeting was then adjourned to Monday at 1 o'clock.

MONDAY, JULY 12TH.

The President (Dr. PAGET) in the chair.

The Minutes of the previous meeting were read and confirmed.

Dr. CHRISTISON moved,—"That, in accordance with the recommendation in the Report of the Committee on Preliminary Education, the University of Edinburgh, and Christ's College, Canterbury, New Zealand, be received by the Medical Council as amongst those bodies qualified to grant certificates in general study."

Mr. HAWKINS seconded the motion, which was agreed to.

THE MEDICAL ACTS.

Dr. ALEX. WOOD moved,—"That the Report of the Committee on Amendment of the Medical Acts be received and entered on the Minutes."

Mr. COOPER seconded the motion, which was adopted.

REPORT.

Committee: Dr. Paget (Chairman), the President (Dr. Burrows), Dr. Bennett, Mr. Hawkins, Dr. Andrew Wood, Dr. Apjohn, Sir D. Corrigan, Bart., Dr. Parkes, Dr. Quain, Dr. Christison.

The Committee on Amendment of the Medical Acts appointed July 1, 1869, in considering the subject remitted to them, have reviewed the various Medical Acts, and also the clauses of the Medical Acts Amendment Bill, agreed upon in former sessions of the Medical Council; and have paid particular attention to the suggestions in the communication from the Lord President of the Council, dated May 14, 1869, and to the several documents referred to them by the Medical Council in the course of its present session—viz.: Memorial from the Garioch and Northern Medical Association; Letter from Dr. Prosser James; Memorial from the Lothians' Medical Association; Letter from the Parliamentary Committee of the British Medical Association; Letter from Dr. Balmer respecting Canadian Degrees; Letter from Dr. Foster respecting Registration in the Channel Islands; Memorial from Dr. Bell Fletcher and numerous other members of the medical profession.

The amendments of the Medical Act, which have been already much discussed and agreed to by the Council in former sessions, consist of clauses which relate—To the Qualification of Members of Council; to Regulations concerning the Register; to the Registration of Foreign and Colonial Qualifications; to Additions to the List of Qualifications; to the Assumption of Titles by Unregistered persons, &c. &c. (See Appendix.)

The Committee recommend that all these Clauses, except Clause XI., should be retained in their present form, in any Bill for amendment of the Medical Acts.

With respect to Clause XI., which is as follows, the Committee are of opinion that it should be re-considered:

"XI. It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with such part of any regulations made by authority of the said acts, as to them shall seem fit, in favour of persons who shall make applications to be registered under the said acts on foreign or colonial diplomas or degrees: provided such persons shall have resided in the United Kingdom for a period of not less than *twelve months* immediately previous to making application to be registered: provided the holders of those diplomas or degrees have a right to practise medicine or surgery in the countries where they have been granted: And provided the Council shall receive satisfactory evidence that those degrees or diplomas, or licences to practise have been granted after a course of study and examinations such as to secure the possession by persons obtaining them of the requisite knowledge and skill for the practice of their profession."

The Council are aware that the Secretaries of State in successive Governments have, on former occasions, pressed upon the Council the necessity of dispensing with, or greatly relaxing its regulations (by which those who obtain British qualifications are bound) in favour of persons holding foreign or colonial diplomas or degrees. The Council are aware that this condition appeared on former occasions as a *sine qua non* to the consent of the Government to introduce any Bill for amending the Medical Acts.

The Committee are of opinion that the object aimed at may be attained most simply and safely by a slight modification of Sect. 46 of the Medical Act of 1858. This Section empowered the Council to dispense with its regulations in favour (*inter alios*) of "persons practising medicine or surgery within the United Kingdom on foreign or colonial diplomas or degrees, before the passing of this Act."

Adopting the form and provisions of the section now cited, the new Clause would be as follows:

XI. "It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with such parts of any regulations made by the authority of the said Acts, as to them shall seem fit, in favour of persons applying to have their names entered on the Medical Register in virtue of foreign or colonial diplomas or degrees."

If this Clause should become part of an amended Medical Act, it would then be the duty of the Council to consider how far and in what way its regulations should be relaxed in favour of any person or persons applying to be registered on foreign or colonial diplomas or degrees. The Council would have to consider what is due out of professional comity to graduates of trustworthy and distinguished colonial and foreign Universities, and at the same time not to forget the regard that is due to the rights and privileges of the holders of British diplomas and degrees, which have been obtained after courses of study and examinations supervised and approved by the Council.

The communication from the Lord President of the Council invites the consideration of the Medical Council to two points; and on one of these an opinion is expressed that the Medical Act is defective. In this opinion your Committee concur.

They agree with the Lord President in considering that the Act is seriously defective, in that it allows a minimum qualification in surgery to be registered without any qualification in medicine, and similarly a minimum qualification in medicine without any qualification in surgery. The Act indeed not only permits, but requires, the Medical Council to place upon the Register any applicant possessing one such single qualification. The Council has no option or discretion in regard to such applications, but is bound by the Act to comply with them.

The Committee agree with the Lord President in regarding this state of things as open to serious objection, the more so as the number of persons thus practising both medicine and surgery on a single qualification is undoubtedly very large.

It appears, however, from the analysis of titles alluded to in the Lord President's communications, that the number of such persons is decreasing at the rate of about sixty a year, although the total number of persons on the Register is increasing in much larger numbers.

The Committee think that the Lord President should be made acquainted with what the Council have already done in endeavouring to remedy this defect of the Medical Act.

The Council have included both medicine and surgery in a list of subjects, which they have recommended to the licensing bodies as "subjects without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered."

But the Committee doubt whether the Medical Act would enable the Council to enforce the recommendation on any one of the licensing bodies that might refuse to adopt it.

The medical corporations and universities have (chiefly within the last few years) made regulations which, by combining examinations of different bodies, or instituting separate examinations in both medicine and surgery, have done much towards insuring that persons shall not in future be placed upon the Register without an adequate knowledge of both subjects.

But the Committee are of opinion that the only adequate remedy for this acknowledged defect would be for the Council to accept, under an Amended Medical Act, such powers as would enable them in the future to refuse registration to any person, whatever his legal qualification may be, who has not passed sufficient examinations both in medicine and surgery.

On the other point on which the Lord President's letter invites the consideration of the Medical Council, his Lordship expresses no opinion.

This point, as stated in his Lordship's communication, is, "whether, if new legislation is to take place, it would be desirable to change in any respect the constitution of the Council."

In discussing this question, the Committee have fully considered the views and wishes expressed in the memorials and letters which have been received by the Medical Council from members of the medical profession.

In reporting on a matter of so much importance as this—whether any, and, if any, what change should be made in the constitution of the Council, the Committee think it their duty not merely to lay before the Council the result of their deliberations, but to indicate also the principles and chief reasons by which they have been guided. There is one principle which is obvious and indisputable—viz., that the constitution of the Council should be such as may best fit it for the discharge of its duties, whatever these may be. In the Medical Act the Council is styled "The General Council of Medical Education and Registration." The duties imposed on the Council by the Act are four—viz., the supervision of medical education, the registration of qualified medical practitioners, the publication of a national Pharmacopœia, and a certain judicial function, by the exercise of which the name of any registered practitioner "who shall be judged to have been guilty of infamous conduct in a professional respect" may be erased from the Register.

With regard to two of these duties little need be said. The registration has been made in accordance with the Act, and with an accuracy which has never been questioned. A British Pharmacopœia has been published, which has been universally acknowledged to be one of the best in existence. In this work the task has been accomplished of reconciling the different views and varying practice of the three sister kingdoms. The new British Pharmacopœia is acknowledged in England to be an improvement on the old London Pharmacopœia; in Scotland it is preferred to the Edinburgh Pharmacopœia; and in Ireland to that of Dublin.

In regard, therefore, to those two duties of the Council, there is no reason (but rather the contrary) for proposing any change in its constitution.

With respect to its judicial function thus much must be said—that a Council elected by the suffrages of the profession, as advocated in the memorials, would be entirely out of harmony with the constitution of other courts of justice in the United Kingdom, or indeed in any European State whatever. A Council which should be in any considerable part elected by popular suffrages would not be allowed by the Legislature to retain the judicial power which is exercised by the present Council.

With regard to the last and most important of the four duties of the Medical Council, viz., the supervision of medical education, the Council would observe that the powers and means by which this supervision is to be exercised are defined in the Act, sections 18, 20, and 21. These are, in general terms, a power of requiring from the licensing bodies information as to the courses of study and examination to be gone through in order to obtain a qualification entitling a person to be registered, and a power of visiting the examinations, and lastly a power of representing to the Privy Council any serious defects in the course of study or examinations of any licensing body, and so depriving the said body of its privilege of granting qualifications until it shall have amended what was faulty or defective.

It is seen, therefore, that all the powers possessed by the Medical Council in respect to education, are exercised on or through the medium of the medical corporations and universities, which confer the qualifications entitled to registration. Through supervision and visitation of examinations, and the communication of recommendations, a certain degree of control over the licensing bodies is conferred by the Act on the Medical Council.

Your Committee are of opinion that these bodies which are in a certain sense and degree governed by the Medical Council are, for that very reason, entitled to be represented in the Council. This seems no more than is required by justice. Experience has also shown its usefulness in facilitating the adoption by the licensing bodies of the views and recommendations of the Medical Council.

The Committee would observe also that the universities and medical corporations are all, in various ways, peculiarly conversant with education, and with the best methods of testing the acquirements of persons seeking to enter the medical profession, and are thus peculiarly qualified for choosing

the fittest persons for discharging those (the most important) functions of the Council which concern medical education and examinations.

The Committee are of opinion that crown nominees are a requisite element in any body, which, like the Council, has not only occasionally to discharge judicial functions but also to watch over and protect the interests of the profession at large and secure the welfare of the public.

The Committee are therefore of opinion that the Council as constituted by the Medical Act is well and suitably constituted for performing the functions with which the Council was invested by that Act. The Committee think it right to add their opinion that the Council thus constituted, has, in discharging its duties, met with a degree of success which is large in proportion to the period of its existence, and in relation to the work that had to be done, and the difficulties that had to be overcome. The variety in the views and practice as to medical education and examination which prevailed in the three divisions of the United Kingdom before the establishment of the Council has, of necessity, added greatly to its labours.

The Committee have very fully discussed certain suggestions contained in the memorials which have been received by the Council. One of these is, that in any amended Act the control of the Council over the licensing bodies should be strengthened and enlarged. If such additional powers were conferred on the Council the Committee are of opinion that this would be an additional reason for maintaining the representation of these bodies in the Council as at present.

Another suggestion is for the extension of the powers and functions of the Council over a variety of objects relating rather to professional practice than to education. At present the Council has no powers in such matters. Its powers are defined in the Medical Act, and, as already mentioned, are confined chiefly to medical education. The Council has no power to control the relations either between members of the profession or between them and the Government, nor has it any means of regulating or interfering with in any way the remuneration of the profession, whether for private or public services. It may be a question whether it would be advantageous for the profession that such power should be vested in the Council, whatever the constitution of the Council might be.

But the Committee are (unanimously) of opinion, that if the Legislature should think proper to invest the Council with such extended powers and fresh duties, the members of the profession at large, who would in that case be brought more within the sphere of action of the Council, should have a more direct influence than they have at present in the election of its members. In expressing this opinion, the Committee are fully aware of the many inconveniences that would be incurred, and the many difficulties that would have to be surmounted, in any plan for representing the profession in the Council otherwise than as it is now represented, whether by the plan suggested in the memorial presented in the last session from the Committee of Council of the British Medical Association, or by the plan alluded to in some of the documents referred to this Committee, or by any other measure.

The Committee observe that the Lothians' Medical Association complain "that the funds by which the whole machinery of the Medical Act, including the General Council (is carried on), are derived ..... from a tax imposed upon each graduate or licentiate in medicine and surgery registered under the Medical Act;" and "that such taxation, without commensurate representation of the body of practitioners, is an act of injustice to the great body of registered medical practitioners throughout the country."

The Committee would remark that there can be no difference of opinion as to the principle that liability to taxation entitles to representation in the taxing body. But they would further remark that the fee paid once for all by medical practitioners for entering their names on the Register cannot, in the ordinary sense of the words, be called a tax; and the Council possesses no power whatever of taxing the registered practitioners.

In the numerously signed memorial from Dr. Bell Fletcher and other members of the medical profession it is suggested that "in any future Act of Parliament provision be made for instituting prosecutions under it by a public prosecutor or other public functionary, on behalf of the General Medical Council, instead of leaving the voluntary enforcement of the law to individuals." The Committee are of opinion that this is a suggestion to which the attention of the Government should be drawn.

The Committee recommend that the letter of Dr. Foster respecting registration in the Channel Islands be remitted to the Executive Committee, with instructions to institute further inquiries on the subject, and, if they think proper, make a suitable representation to the Secretary of State for the Home Department, or other Government authority.

G. E. PAGET, Chairman.

Mr. CÆSAR HAWKINS proposed the adoption of the last paragraph of the Report,—"That Dr. Foster's letter respecting registration in the Channel Islands be remitted to the Executive Committee, with instructions to institute further inquiries on the subject."

Dr. STORRAR seconded the motion, which was agreed to.

Dr. BENNETT moved, in accordance with the recommendation of the Committee,—"That the following clause be inserted in the Act:—'It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with such parts of any regulations made by the authority of the said Acts, as to them shall seem fit, in favour of persons applying to have their names entered on the Medical Register, in virtue of foreign or colonial diplomas or degrees.'"

Dr. CHRISTISON seconded the motion.

Sir D. CORRIGAN proposed an amendment,—"That it appears desirable, before any further attempt is made to introduce amendments of the Medical Acts, that a Royal Commission of Inquiry should issue, to take evidence from such members of the Medical Council, and such other persons as the Commission may see fit to examine, with the view of furnishing a report to serve as the basis for legislation." He said there were three ways of proceeding to amend the Medical Acts; one was by appointing a Committee of the House of Commons, who would examine witnesses previous to introducing a Bill; the second was by issuing a Royal Commission of Inquiry, consisting of men elected by the Crown for their intimate knowledge of the subject in which they were to examine; and the third was the mode proposed by Dr. Bennett, that the Council should furnish the Lord President of the Privy Council with a groundwork of opinion on which the amendments were to be based. He believed the third mode of proceeding would be certain to end in disaster. He was a member of the Committee appointed to draw up an answer to the letter of the Lord President, and the Committee divided on almost every clause. Supposing the majority of the Council agreed on the draft of a Bill to be presented to Parliament, what would be its fate when it came before the House of Commons? The licensing bodies would be at variance one with another; representatives of the Council would meet in the lobby of the House of Commons, opposing one another's views; members of the House of Commons would be influenced by the universities on the one hand, and by the corporations on the other; and their course would be finally determined by political self-consideration. Either the Bill would be thrown out, or it would be carried without any reference to its merits, by personal interest and prejudice, and by political considerations. The course he proposed was that a Royal Commission of Inquiry should be instituted, consisting, as in similar cases, of a few men familiar with the subject. That Commission would have laid before it the views both of the Council and of the profession at large. They would then draw up a report on which subsequent legislation would be based. It was objected that great delay would ensue. He did not assent to that objection. It was certain that a Bill could not be introduced until next session, and a Royal Commission would have full time to hear all the evidence. But even supposing there was a year's delay, would that be an element of great consideration in deciding whether they should proceed in this manner, when ten years had passed, during which repeated efforts to introduce amended bills had been met with carelessness or indifference? The Crown nominees was a subject on which it was most desirable that the views entertained by various bodies should be laid before a Commission of Inquiry. It was stated that those gentlemen were sent to the Council to watch over the interests of the profession at large. That was the intention, but it had not been carried out, for of all the Crown nominees sitting at that table only one was connected with the provinces. Then there was the outcry that the profession was taxed without representation, and that the money paid for registration was diverted from its original purpose. Then came the important question of the admission of foreign degrees. They were asked to hold out the right hand of fellowship to foreign licensing bodies; but how were gentlemen holding English diplomas treated on the Continent? Men who had been ten years in practice in France had been, within the last twelve months, brought up and fined, and prevented from practising, unless they would undergo an examination by one of the medical faculties of Lyons, Strasbourg, or Paris. He advocated fellowship, but this was reciprocity all on one side. Then came Clause 20 in the Medical Act. The Council was always boasting of its power to take bodies before the Privy Council. Had they done it in one single instance for ten years? They had had for years reports from the Army and Navy Boards as to the inefficiency of young men passed by some of the licensing bodies. In some cases 25 per cent. of the candidates were rejected, but yet the Council had never taken up the matter. Neither had they done anything as to extra-professional education. They were accustomed to boast as to the visitations of examinations, but the report of the Committee on Education let down those visitations as quietly as possible, saying—"The supervision by the Council has hitherto been conducted by the Branch Councils, and has certainly worked very fairly; but if the institution of independent visitors be impossible, we think the efficacy of visitation would be increased were the Branch Council of one division of the kingdom to visit the examinations of another." For all those reasons he thought there should be a Royal Commission to take evidence and report on the subject. Having said so much, he would present them with his view of what the change ought to be. All attempts to interfere with, or to unite, the licensing bodies were perfectly fruitless, and therefore his first proposition for an amended Bill would be to leave all the licensing bodies

alone; secondly, he proposed what was called in Germany *städts examen*—what they might call a State examination;—that a body of Commissioners should be appointed by the Council, with the approbation of the Privy Council, who should be charged with the examination of young men coming from all the licensing bodies, exactly as was done by the Army Board. He would not prevent a man from practising who did not pass the State examination, but would adopt very much the plan followed through a great portion of the Continent, and say that a man might take a degree from one of the licensing bodies, and might practise among the rich, if he chose, without a further qualification, but should not be deemed competent to undertake charge of hospitals, dispensaries, &c., without State examination. It might be asked what effect would this have on the licensing bodies? He believed it would have a very good effect, for they would endeavour to raise the character of their examinations, and endeavour to reach the top of the competitive scale. A proposal had been made that the State examination should precede the examination by the licensing bodies, but that would be a very serious mistake.

Dr. A. SMITH seconded the amendment. He said in 1866 a similar motion was brought before the Council, and he was now, after the lapse of three years, still more convinced of the importance of some such step being taken.

Dr. ANDREW WOOD, after complimenting Sir D. Corrigan for bringing forward his motion in so temperate a manner, said that to ask the Government to appoint a Royal Commission would be a confession of helplessness on the part of the Council. There might have been some vacillation in the Council, but on the whole no one could say that it had not achieved some good. A great deal remained to be done, but Rome was not built in a day. The Medical Act took twenty-four years to mature, and to ask for a Royal Commission was like going back that twenty-four years, and beginning *de novo*. He believed that the Act gave greater powers to the Council than had been imagined, and that the Council had done more than it had received credit for. The work of visiting the examinations was of itself one of the greatest utility, though Sir D. Corrigan had so often thrown cold water on it, and had declined to take any part in it. With regard to the reception of foreign and colonial degrees, it had been said that there was no reciprocity in the matter on the part of foreign bodies; but he (Dr. Andrew Wood) had himself been waited upon by a French Commissioner who was making inquiries in this country with a view to ascertain, among other things, whether a system of reciprocal registration could be adopted. The Corn Laws would never have been passed if we had waited for reciprocity. It was our business, if other countries were backward, to indicate the right step to be taken. Too much stress had been laid upon the review of the results of their examinations as shown in the army and navy returns. Those returns were very fallacious; for instance, many were put down as having failed who were not rejected, but who were not successful in a competitive examination in obtaining an appointment. With regard to individual corporations, many mistakes might follow, because the body passing the individual was charged with all his failings, although it might not have conducted all the examinations. It might be supposed from those returns that the licensing bodies were letting all and sundry pass for the sake of the fees, but the fact was that the number of rejections taking place day after day at those boards was most striking. For example, there were two examinations for the Membership of the Royal College of Surgeons of England; 526 were examined in the first, and 123 rejected, while in the second 404 were examined, and 63 rejected. At the Royal College of Surgeons in Edinburgh 8 came up for the first examination, and 4 were rejected; and at the second 46 were examined, and 6 were rejected. At the Royal College of Surgeons in Ireland, out of 170 who came up, 21 were rejected at the first examination, and 10 out of 116 at the second. He agreed with Sir D. Corrigan in desiring a concentration of the examinations by a Central Board, which should secure an efficient examination of every student in every branch of his profession; but he did not see how that object could best be accomplished.

Dr. ALEX. WOOD supported the amendment moved by Sir D. Corrigan. He said he did so because he had never approved of any amended Medical Act prepared by the Council; because, when the subject of medical reform came to be discussed in Parliament, the Council would be put in an unfair position, as resisting what he held to be the legitimate demands of other bodies; and, lastly, because the Council as a body was singularly ill composed for the purposes of agreeing upon anything with regard to medical reform. He could not consent that any committee of that Council should represent the views of his College to her Majesty's Government, and therefore desired that the Council should wash its hands of all attempts to cobble the Medical Acts. If a Royal Commission were appointed, undoubtedly they would be called upon to give evidence as individuals; but it was not for the Council to come forward and make these suggestions.

The amendment was then put to the Council, and lost by a majority of 13 to 3.

The original motion was then put and carried.

Dr. CHRISTISON proposed, and Dr. BENNETT seconded,—"That it is desirable that in an amended Medical Act, the General Council should receive such power as would enable them in the future to refuse registration to any person, whatever his legal qualification may be, who has not passed sufficient examinations both in medicine and surgery."

Dr. ANDREW WOOD suggested that the words "whatever his legal qualification may be" should be left out, as being ambiguous.

Dr. BENNETT explained, in answer to an inquiry from several members, that the motion did not interfere with any existing qualification, but simply referred to the necessity of an examination in both subjects. It was not designed to make every one take up a double qualification.

After some conversation, Dr. Christison consented, at the suggestion of Dr. Alex. Wood, to alter his motion as follows:—"That in the opinion of this Council it is desirable that power be given to the Medical Council to refuse registration to any one who has not been sufficiently examined both in medicine and surgery."

Dr. ANDREW WOOD then proposed the following amendment:—"That it is desirable that power be granted to the Medical Council to refuse registration to any person who has not both a legal qualification in medicine and a legal qualification in surgery."

Dr. EMBLETON seconded the amendment.

Dr. CHRISTISON asked whether it was Dr. Wood's intention that a gentleman who wished merely to practise as a consulting physician must also take out a qualification in surgery, and *vice versâ*.

Dr. ANDREW WOOD said that was his object, and that was the object the Privy Council wished to bring out. (No, no.)

Mr. HAWKINS strongly objected to a double qualification.

Sir D. CORRIGAN said if a man did not start in life with a basis of surgery, he never ought to become a consulting physician.

On a division, the amendment was lost by a majority of 8 to 6. The motion was then carried by 11 to 7.

Dr. BENNETT proposed, and Dr. CHRISTISON seconded,—"That having carefully considered the objects of the Medical Act of 1858, and the constitution of the Council appointed under the Act to carry out its objects, the Council are of opinion that for the purposes of the existing Act the present Council is essentially well constituted."

The resolution was carried, 9 voting for and 5 against.

Dr. BENNETT moved—"That the Council are of opinion that if the Legislature should think proper to invest the Council with extended powers and fresh duties, by which the profession at large will be brought more under the direct influence of the Council, then in that case the profession at large should have more direct influence in the appointment of members of Council."

Dr. APJOHN seconded the motion.

Dr. ALEX. WOOD protested against this mode of legislating. On the last day of a very exhaustive session they were asked to consider some of the most serious questions that could possibly come before the Council, on a Report of a most elaborate kind, which was only printed in their order of business on Saturday, and which few of them had had sufficient time to consider. They were being hurried into pledging themselves to views and doctrines with regard to medical reform which he for one must utterly repudiate. He stated that he would take no further part in the discussion, but would hold himself perfectly clear, when an amended Medical Act was brought before Parliament, to take whatever action he thought proper, uncompromised by

any vote or decision which might be come to at that Council.

Sir D. CORRIGAN argued that a great number of the members of the Council could not be said to represent the profession, as they were elected by small corporations. It had been said that if the Council obtained more extended influence over the profession, they could admit them. Did anyone in his senses believe they could get more extended powers than they had. He was sure they would not. He could not vote for the resolution, neither could he vote against it, because it would seem as if he was voting against the profession. Therefore, he also should stand on one side.

Dr. ANDREW WOOD.—This Council has by a majority come to the decision that the Council is sufficiently well constituted on the present Act. All I can say is this,—Is this the general opinion of the profession?

The PRESIDENT.—You cannot return to the subject.

Dr. ANDREW WOOD moved an amendment, embodying his scheme of last year; but the President declined to receive it on account of its length.

Dr. FLEMING moved, as an amendment, the insertion of the words "a certain number of" after the words "appointment of," but it was not seconded.

Dr. EMBLETON proposed, "That in any amended Medical Act powers be given by which the members of the medical profession may, either by direct personal voting, or indirectly through the licensing bodies, be represented in the General Medical Council."

The amendment was not seconded, and Dr. Bennett's motion was put to the Council and carried.

Dr. STORRAR proposed, and Dr. SMITH seconded, "That in any future Act provision should be made for instituting prosecutions by a public prosecutor or authorised functionary, instead of leaving the enforcement of the law to the voluntary action of individuals of the public."

The motion was agreed to.

Dr. BENNETT moved, and Mr. HARGRAVE seconded, the adoption of the Report.

The PRESIDENT put the motion, and declared it to have been carried by a majority of 8 as against 7; but on the roll being called, at the request of several members, it appeared that the numbers were equal—8 for, and 8 against. The President declined to vote, and it then became a question whether the motion was carried or lost. A brisk discussion followed on this point, which ended in the President—who at first was very doubtful of the course he should pursue—declared the motion to be lost.

[We may add that our reporter counted the numbers in the first instance as 8 for, and 8 against; and as this was in accordance with the subsequent roll-call, it would seem that the President accidentally omitted to count one of the hands held up against the motion.]

Dr. BENNETT moved,—"That a letter be addressed by the President of the General Medical Council to the Lord President of the Privy Council, in answer to the communication received from his Lordship."

Dr. STORRAR seconded the motion.

Sir D. CORRIGAN asked what sort of an answer was to be given, as the Report drawn up by the Committee had not been adopted. He would propose as an amendment, "That the President be requested to write to the Lord President of the Council to the effect that, on the receipt of his Lordship's communication on the 14th May, it was referred to a Committee of the General Council appointed to consider the amendments of the Medical Acts, that the enclosed was the Report submitted to the Council by the said Committee, but not as a whole adopted."

Dr. BENNETT was willing to accept this amendment instead of his own motion, and it was agreed to without a division.

Dr. BENNETT proposed, "That the President and Executive Committee shall be authorised (if it shall appear necessary) to confer with the Government on the subjects referred to in the Lord President's communication, and report the results of such conference to this Council at their next meeting."

Sir D. CORRIGAN seconded the motion, which was agreed to.

Dr. THOMSON moved the adoption of the following Report of the Committee on Communications from Dr. John Hardley, Mr. Courtaeuld, Dr. Macloughlin, and Dr. Edwards Crisp:—"The Committee have to report that, having considered the several letters submitted to them with the accompanying documents, they are of opinion that it does not fall within the province of the Council to interfere in the matter referred to in any of the letters. They recommend, therefore, that the Secretary of the Council be directed to reply to each of the authors of the letters, informing them of the inability of the Council to take action in the matters referred to. And they further suggest that the reply to Dr. Crisp should be in the same terms as that given by the Council on the 3rd of July, 1868, to a previous letter by Dr. Crisp on the same subject as his present letter."

Mr. HARGRAVE seconded the motion, and it was agreed to.

REGISTRATION OF MEDICAL STUDENTS.

Dr. ALEX. WOOD moved,—"That the Report of the Committee on Returns from the Licensing Bodies of Professional Examinations and their results, and on the Registration of Students for the year 1868, be received and entered on the Minutes."

Sir D. CORRIGAN wished to correct a serious error in the Report. It was stated, with regard to Trinity College, that the students who were not students in arts could not get a degree or even a licence in medicine, and were not included in the list forwarded to the Branch Council with a view to registration. The fact was that a student might pass through the whole four years of his medical study in the University of Dublin without being entered as a student in arts at all, and without having undergone any examination in arts. It was only necessary for him, just before he went in for his professional examination—it might be only one hour before,—to undergo an examination in arts not at all of a high character. The student was not required to undergo any preliminary examination in arts. He became a student in medicine on paying a fee of 5*s.*, and then he might go through his whole course without being asked if he knew one word of Latin, or could parse a sentence in English. At the close he was merely passed through a slight examination in arts.

Dr. APJOHN said it was not possible for a student in Trinity College to get a degree in medicine under the circumstance mentioned by Sir Dominic Corrigan. The facts were quite contrary to what Sir Dominic Corrigan had stated. There was a preliminary examination.

Sir D. CORRIGAN wished to know whether it was not true, as he had stated, that the student might pass through his whole four years of medical study without any examination in arts, until the very eve of his going in for the examination in medicine. He suggested that the following words should be substituted for those to which he had called attention: "Such students may become matriculated students in medicine without undergoing any examination in arts, except on the very eve of their going in for the licence in medicine."

Dr. APJOHN said he could not speak positively as to the question of time, but there was a *bonâ-fide* examination in arts.

Dr. EMBLETON said he had had the greatest difficulty in ascertaining the exact state of the case. He should be quite ready to correct any error as to facts in the Report.

Dr. APJOHN said the statements in the Report were quite correct.

Dr. FLEMING seconded Dr. Alex. Wood's motion.

Mr. HARGRAVE said the statement in the Report with regard to the Royal College of Surgeons in Ireland—that candidates were required to pass a preliminary examination before commencing their medical study—was quite correct, but it was possible that a man might slip in without passing the preliminary examination, except just before going in for the professional examination.

The motion was then agreed to.

MR. LIMA ABRAHAM LA'MERT.

Dr. ALEX. WOOD proposed the following resolutions, which were seconded by Mr. HARGRAVE, and agreed to.

"That it be remitted to the Branch Council for England to investigate, according to the Standing Orders, the charges against Lima Abraham La'Mert, which led the Royal College of Surgeons of England, and the Royal College of Physicians of Edinburgh, to deprive him of his licence from those bodies respectively."

"That in the event of the Branch Council for England coming to the conclusion that these charges can be sub-

stantiated, and involve infamous conduct in a professional respect, the Branch Council shall report the same to the Executive Committee."

"That the Council, by Clause IX. of the Medical Act, delegate to the Executive Committee their powers of summoning Lima Abraham La'Mert to appear before them, and of striking his name off the Register if they see cause."

REARRANGEMENT OF RECOMMENDATIONS ON EDUCATION, EXAMINATIONS, AND REGISTRATION.

Dr. ALEX. WOOD moved,—

"That the Report of the Committee on the rearrangement of the Recommendations and Opinions of the Council on Registration, Education, and Examination, be received and entered on the Minutes, and that copies of the recommendations be printed and sent as usual to the licensing bodies."

"That the following be included in the list of examinations which are considered sufficient evidence of Preliminary Examination in Arts:—'Examination of (Senior) Candidates for Honorary Certificates under the Local Examinations of the University of Edinburgh.' 'Voluntary Examinations of Christ's College, Canterbury, New Zealand.'"

Dr. EMBLETON seconded the motion.

Sir D. CORRIGAN objected to the adoption of a report which had only just been placed before the Council.

Dr. EMBLETON said the report was merely a remodeling of what the Council had previously done.

The motion was agreed to.

Dr. ACLAND then moved:—"That it be referred to the Executive Committee to consider with Mr. Ouvry the resolution of the Council with respect to the Report on State Medicine, and to take the steps necessary for carrying the resolution into effect."

"That the State Medicine Committee be reappointed, so that the Report and Appendix on State Medicine be forwarded by the Committee, with the resolution of the Council thereon, to the licensing bodies and persons interested in the subject of State Medicine, requesting their observations thereon; and that the Committee present those communications, or a digest of them, to the next meeting of the Council."

These motions were seconded by Dr. MACROBIN.

Dr. SHARPEY inquired if it was proposed to print all the observations which would be received.

Dr. ACLAND said he would prefer that that matter might be left to the Executive Committee. He did not think it at all necessary that the answers should be printed *in extenso*.

Dr. STORRAR did not wish everybody outside the Council to come to the conclusion that the Council were bound to print all their observations. He recommended that the matter should be left entirely with the treasurers and the Executive Committee.

The motion was then agreed to.

THE PHARMACOPŒIA.

Dr. CHRISTISON moved the adoption of the following report:—

The Pharmacopœia Committee appointed by the resolution of the Council, July 7, 1868, have to report that, in accordance with the directions of the Council, they caused to be printed a slip copy of certain slight typographic and minor errors, which required correction in the Pharmacopœia of 1867. These slips were inserted in the unsold copies of the Pharmacopœia, and were issued to those who had already purchased copies of the work. A re-issue of the Pharmacopœia having since been required, those slight corrections have been introduced into the work, which is in all other respects identical with the copies previously issued. The Committee have engaged during the past year the services of Dr. Redwood, in watching over the progress of Pharmacy, and in making record of such corrections and additions as would hereafter facilitate the preparation of a future edition of the Pharmacopœia. In that duty he has received various suggestions from the members of the Committee, and has submitted a report to the Committee which has been reserved for future use. He has, however, been requested to bring before the Pharmaceutical Society the substance of his first two reports to this Committee, with a view to the discussion of points needing inquiry or investigation.

The Committee have expended £30 from the sum of £50 placed at their disposal. It is recommended that the Committee be reappointed, and that the sum of £50 be again placed at their disposal for the ensuing year.

B. CHRISTISON, Chairman.

Dr. STORRAR seconded the motion, which was agreed to.

The reappointment of the Pharmacopœia Committee was proposed by Dr. STORRAR, and seconded by Sir D. CORRIGAN, and agreed to.

MEMORIAL FROM THE OBSTETRICAL SOCIETY.

The REGISTRAR read a letter from the Obstetrical Society of London, enclosing a copy of a memorial to Her Majesty's Secretary of State for the Home Department, setting forth the views of the Society with regard to the necessity of having some representative of Obstetrical Science in the Council.

A memorial was read from the Medico-Ethical Association of Manchester on the subject of the Medical Act; also a communication from the Royal College of Surgeons of Edinburgh, expressing the surprise of that body that a former communication presented by Dr. Andrew Wood had not been received and entered on the Minutes.

Dr. ANDREW WOOD said he had written to Mr. Spence stating that the communication was received. He thought, however, that the Royal College of Surgeons of Edinburgh had a right to complain that a document by one of the bodies represented in the Council had not been entered on the Minutes, when on former occasions communications from bodies having no connexion with the Medical Council, and sometimes not couched in very respectful language, had been entered on the Minutes. He still thought the Council ought to rectify the error and enter the communication on the Minutes.

Dr. FLEMING thought it was a pity it should go forth to the public that the Royal College of Surgeons of Edinburgh were under the impression that the Council had refused to insert upon its Minutes any petition or memorial respectfully worded. The ground upon which they objected to insert the document was, that it was neither a petition nor a memorial, but a review and critique of the proceedings of the Council during the last session. Had it been simply a memorial or a petition it would certainly have been entered. It would be exceedingly inconvenient if the Council were to enter such documents on their Minutes.

Dr. BENNETT proposed, "That the President of the Royal College of Surgeons of Edinburgh be informed that he is in error in supposing that the document to which he refers was not received by this Council; that the document was received and respectfully considered by the Council, but that it was not thought expedient to depart from their invariable practice of not inserting such communications on their Minutes."

The motion was seconded by Dr. A. SMITH, and carried.

Dr. A. SMITH, on behalf of the Business Committee, then moved the usual complimentary votes, and the business of the session was concluded.

Correspondence.

"Audi alteram partem."

THE WIMBLEDON CAMP.

To the Editor of THE LANCET.

SIR,—In forwarding for insertion in your journal the accompanying detailed report of the cases requiring medical assistance during the period of the late meeting of the National Rifle Association, I have also appended some independent observations upon the practical working of the dry-earth closet system from the officer commanding the Royal Engineers, who, from very considerable experience, and most thorough knowledge of this particular subject, is conversant with all its scientific bearings; and I have the more satisfaction in asking you to insert Captain Drake's opinions and recommendations, because they are completely in unison with the views I took the liberty of bringing to the notice of the profession in your journal of the 3rd inst.; and I think I am justified in the statement then made, that I did not consider the excessive amount of severe diarrhœa which prevailed last year, when the earth closets were first employed, was in any way to be associated with the system, but was probably due to the great solar heat and the unwholesome beverages indiscriminately consumed. During this meeting a better surveillance of the closets has been insisted on, and they have been used to an enormous extent by the vast concourse of people assembled; but I have heard of no complaint of any want of deodorisation; and certainly the 39 cases of diarrhœa which have been recorded were of a very

trivial nature, and, strange to say, there were precisely the same number of cases treated for constipation. The flying column also, from the Aldershot Division, which numbered upwards of 3000 soldiers, and remained in this camp for three days and nights, besides undergoing the fatigue of a very exhausting field day, only recorded two cases of slight diarrhœa; but ordinary camp trenches were dug for their use, those of the earth closets being quite full, and therefore closed up by my order. I may also mention that once during the meeting the pits were emptied of their contents with no objectionable result, the night being, of course, selected for the operation. I can safely venture to affirm that this camp is, of all places, perhaps the most suitable for thoroughly testing the value of this important sanitary invention, which has well borne the ordeal.

There was but one solitary casualty in connexion with the field day operations of the 17th. A young medical officer of a Volunteer Artillery Regiment received a severe contusion of the superior maxilla, dislodging several teeth; but he was able to leave the camp the same evening.

I am, Sir, your obedient servant,

JOHN WYATT,
Surgeon to the National Rifle Association.

The Dry-earth Closet System.

I consider this the best system known for military latrines, when a supply of suitable earth is obtainable. In introducing this system into barracks or permanent camps, I should attend to the following points:—

Earth.—This should be a clayey loam, friable, and thoroughly dried. No soil must be used which contains vegetable matter. In 1868, at Wimbledon, a sour smell was perceived, which was found to proceed from the peat earth, the fibrous portions of which had fermented with the great heat.

Apparatus.—That used by the Moule Company answers very well, especially now that the engineer has introduced the simple means by which the earth is properly distributed in its fall.

Vaults.—These should be lined with brick, in cement, asphalte, or other water-tight lining, to exclude leakage from the surrounding soil, as the system ceases to be effectual when it ceases to be a dry-earth system.

Place.—I should recommend building latrines back to back, with sufficient space between for the earth to be supplied and removed as necessary. In building a single row of latrines, as in the case of a row of cottages, the earth should be supplied, and the manure removed, from the outside, the inhabitants having no means of access either to the earth houses or the vaults.

Urinals.—These should be entirely separated from the latrines. The supply of earth should be given by hand, no self-acting apparatus being found to answer. Pioneers should go round twice a day at least, and supply the amount of earth required, care being taken that the layer supplied at any one time should not exceed three inches in thickness. The part of the urinal liable to be watered against should be of slate rubbed smooth, *but not enameled.* This is found to resist the action of urine better than any other material.

Washing water.—The refuse water from kitchen sinks, &c., should be drained into cesspools accessible to a cart in the same way as the latrines. It can then be pumped into a cart and removed. It would be very valuable for garden purposes.

I believe that when the value of the manure becomes better known, there will be no difficulty in finding contractors to supply the dried earth and remove the soil and sink water, paying fairly for the privilege.

MERVIN DRAKE,
Commanding Royal Engineers at Wimbledon.

Detailed Medical Report for the period from the 5th to the 17th of July, 1869.

——	Average number sleeping in camp.	Diarrhœa.	Dyspepsia.	Constipation.	Bronchitis.	Tonsilitis.	Rheumatism.	Febricula.	Debility.	Inflammation of eye.	Epilepsy.	Skin disease.	Boils.	Contusion.	Burns.	Dog bite.	Gunshot accidents.	Treated in camp.	Treated in hospital.	TOTAL.
Army	670	...	1	5	...	1	...	...	...	...	...	...	1	8	...	...	1	17	...	17
Volunteers	1071	21	9	9	...	6	3	1	2	4	2	1	1	10	...	1	...	61	9	70
Police	265	1		5	...	...	...	...	...	...	...	...	...	6	...	...	...	17	1	18
Camp followers	419	13	6	20	2	3	1	1	5	4	...	1	3	10	2	...	...	71	...	71
Total	2425	39	18	39	2	10	4	2	7	8	2	2	5	34	2	1	1	166	10	176

Camp Hospital, Wimbledon, July 18th, 1869.

CARBOLISED CATGUT LIGATURE.

To the Editor of THE LANCET.

SIR,—The remarks made by Mr. Spence in THE LANCET of the 5th inst. (p. 772), on the failure of the carbolised catgut ligature in his case of deligation of the carotid artery are, without doubt, calculated seriously to prejudice the minds of all operating surgeons against its use, by causing distrust in its safety. With the hope of preventing this, and of restoring confidence in the employment of what I believe to be a most valuable addition to the surgical *armamentarium*, I venture to make the following brief remarks upon my own cases, upon Mr. Spence's case, and upon the results of an experiment with the catgut which I have recently performed.

As I have already detailed in your columns (THE LANCET, May 29th and June 12th), I have tied the common carotid and external iliac arteries for aneurism with the catgut ligature with the most signal success; the entire wound in the former case healing at once, and in the latter all except the superficial portion uniting in a similar manner. I have also employed the catgut in three cases of amputation, tying with it the femoral artery twice, and the popliteal once. The ends of the catgut were cut off, torsion was applied to the other vessels, and, the flaps being brought together, the wounds healed readily. In no case was there any subsequent hæmorrhage, showing that the ligatures must have held fast.

And now, with regard to Mr. Spence's unfortunate case, we find, from his own account, that the next morning, or within twenty-four hours of the operation, the patient, while in the act of vomiting, became suddenly comatose and paralysed on the right side. This condition continued till his death on the morning of the 15th, less than three complete days after the operation. On post-mortem examination, the carotid was found not to be constricted at the point of ligature; and the catgut, or what remained of it, was so softened and pulpy "that it seemed as if it were cast in gelatine, and a portion removed for microscopic examination, when placed between two slips of glass, spread out like a fluid." An embolic clot was found plugging up the middle cerebral artery; and the inference drawn was that the catgut ligature had given way at the time that the patient vomited, and that the current of blood, having

again found its way through the artery, had swept away the soft, newly-formed clot, a portion of which, entering the middle cerebral, had caused the fatal issue. In your number of June 19th, a letter appeared from Mr. Lawrie, Mr. Syme's house-surgeon, and, from that gentleman's account, it appears that Mr. Spence, in spite of his statement that everything at the operation was conducted *secundum artem*, and in strict accordance with Mr. Lister's principles, does not in reality seem to have followed out those principles at all; and I am convinced that it is only by scrupulous adherence to the smallest minutiæ that success is to be obtained. Furthermore, Mr. Spence's view as to the cause of the embolism, though not improbable, is still not absolutely a certain one, since Mr. Lawrie distinctly states that the carotid artery was never opened, so as to see in what condition the clot at the point of ligature really was.

Apart, however, from these considerations, I was so struck with the extreme improbability of a proper piece of carbolised catgut becoming in three days little more than a diffluent jelly, that, before Mr. Lawrie's letter appeared, I performed the following simple experiment, with the view of discovering what actually does occur to a piece of catgut imbedded in living tissues for a certain period:—A patient in my wards being about to have his foot removed for disease of the ankle-joint, I, with his consent, pinched up the skin on the dorsum of the foot, and passed a needle, armed with a double carbolised catgut ligature, through the living tissues, cutting both ends of it close off. The skin, being released, resumed its natural position, leaving the two pieces of catgut buried in the textures on the dorsum. The needle punctures healed at once, and no inconvenience whatever was caused to the patient by the presence of the ligatures. This was done at two P.M. on the 5th inst., the gut used being what is known as the finest violin string, and having been prepared a month before. The foot was removed at two P.M. on the 8th, and was at once carefully examined by Mr. Banks, the pathologist to the hospital, who has given me the following report:—

"On the 8th of June, I examined the foot of A. B——, a patient in Mr. Bickersteth's wards, which had been amputated about a quarter of an hour previously. Two small black points were visible on each side of the dorsum of the foot, which indicated the punctures by which the needles had entered the skin. They were quite healed. The two pieces of the double catgut ligature which had been inserted by Mr. Bickersteth seventy-two hours previously were laid bare by dissecting down upon them at one end, and then slitting up the track in which they lay. They lay side by side, running principally through the substance of the extensor brevis digitorum muscle. On lifting them out, they were found to adhere slightly to the muscular fibres through which they passed, and the now empty tract was seen to be coated with a whitish film. This was scraped off at one part, and the material so collected was examined with ¼ and ⅛ Powell and Lealand's glasses. A great many blood-corpuscles were visible—derived, no doubt, from blood unavoidably pressed out from the muscular fibres, as the foot was still quivering when examined. In addition to innumerable indefinite granules, molecules, and nuclear bodies, there were present a large number of granular multinucleated cells, the majority being about the size of white blood-cells, many of them larger, and a few smaller. The edges of many of them were rough and crenated. On the addition of acetic acid the cell envelope was rendered almost invisible, and the granular nuclei in the interior became sharp and well defined. In short, the microscopic appearances were just such as would be presented by organisable lymph. The pieces of catgut themselves were swollen about a fourth larger than when inserted. All the twists in them were quite as well marked as ever. They sustained a weight of about three pounds each, and would have borne more, only, as they were not more than two inches long, a string had to be fastened to one end by which to attach the weight. As the weight increased, this at last came off, stripping down the outer softened part of the gut, but leaving the inner and harder portion as a thick thread; this showed the tenacity of the ligature. Pieces of the catgut were examined with the microscope, but simply showed a dim, semi-transparent, homogeneous structure, streaked longitudinally. (Signed) "W. MITCHELL BANKS."

From this it appears that properly prepared catgut, after remaining embedded in the living tissues for seventy-two hours, so far from becoming pulpy and incapable of resisting the impulse of an excited circulation, is equal to bearing a strain of upwards of three pounds. When improperly prepared—when allowed to become "perfectly dry," and remain so till "within a few minutes" of being doubly and trebly knotted with the tightness necessary to close an artery the size of the common carotid,—it is not impossible that the gut may have broken or become cracked. It could hardly, however, have been anticipated that catgut of any kind should have so completely degenerated in the "course of three days," even when, as in Mr. Spence's case, the antiseptic treatment was subsequently so imperfectly adopted that the deeper surfaces of the wound were afterwards found coated "with yellow pus, and offensive from decomposition."

I am, Sir, your obedient servant,

Rodney-street, Liverpool, June 21st, 1869. E. R. BICKERSTETH.

*** The pressure on our columns caused by the reports of the proceedings of the Medical Council has delayed the appearance of the above letter.—ED. L.

COUNTY LUNATIC ASYLUMS AND THE HOUSE OF COMMONS.

To the Editor of THE LANCET.

SIR,—The medico-parliamentary question raised in THE LANCET last week respecting the uncertain position and dependency of the medical officers of asylums under the new County Administration Bill, prepared and brought in on the 11th May by Mr. Secretary Bruce, Mr. Knatchbull-Hugessen, and Mr. Arthur Peel, has assumed another aspect since the publication of my letter.

In the discussion of the House of Commons on the night of the 12th July Mr. Scourfield, M.P., complained of the dissatisfaction existing upon the subject of pauper lunatics, in which he was followed by the county magistrates and their friends on both sides of the House—viz., Mr. Kekewich, Chairman of the Devon Asylum, Mr. T. D. Acland, Mr. Gilpin, &c. They demand the interference of the Government to have these institutions placed under the inspection of the Poor-law Board, on the ground of their being maintained out of the poor-rates.

On the other hand, the guardians of the Unions are pressing upon the Government the fact that they are not represented at the Committee of Visitors of Asylums, and urging the speedy passing of the County Administration Bill, whereby large powers of management of all county offices and places are conferred upon them.

Again, the ratepayers allege that they have no voice in the distribution of the county rates, and petition for a public audit of the accounts. The medical officers of the county, who at present have no court of appeal in case of alleged incompetency, are perfectly ignored under the Bill. These would doubtless prefer reference to the Commissioners of Lunacy and the Secretary of State than to the Poor-law Board. A change seems inevitable. The medical press must take it up, for, as Sir Lucius O'Trigger says, "It is a very pretty quarrel as it stands."—Yours obediently,

London, July 17th, 1869. ALIQUIS.

THE SANITARY STATE OF KIDDERMINSTER: GOVERNMENT INQUIRY ORDERED.

To the Editor of THE LANCET.

SIR,—In a letter in your columns published in November, 1868, I stated that if the construction of the proposed drainage and water works was much longer delayed, a representation must be made to the Home Secretary. This has lately been done by the Board of Guardians, and a Government inquiry is to be held here in a few days. It required little prescience to foretell that it must come to this, and I do not doubt that the corporation will be compelled to carry out these works. Scarlet fever continues prevalent, although not so fatal or malignant; and there is constantly a vast amount of preventable disease under treatment, adding largely to the poor-rates, and sapping the foundations of the strength of our rapidly increasing manufacturing population.—Yours faithfully,

Kidderminster, July 20th, 1869. JOHN ROSE, M.D.

ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As St. Bartholomew's Hospital has lately been more than once adversely criticised in your columns, I should be reluctant to bring it again in an unfavourable light before your readers, were I not encouraged to do so by the fact that steps have been taken lately to remove only such defects as have been laid bare. I now specially beg you to give me space, not only because the most important and hardest working set of men at the hospital need your helping hand, but because in the point at issue are involved the chief causes of its medical school presenting the worst organised system of education of any in London.

The four house-surgeoncies of this hospital are offices filled by the annual appointment of qualified men, and confer considerable responsibility and authority on their holders, inasmuch as, in the absence of the surgeons, they are their fully empowered representatives. Their duties thus necessitate an unlimited power of prescription; and though an obsolete rule of this ancient institution forbids them to order all the more useful medicines for any but in-patients, not only have they been in the habit of prescribing for out-patients in the surgery for years past, with the full concurrence of the professional and lay authorities, but they have been provided with a printed form to enable them to do so the more conveniently.

On the 20th of May last, however, the chief lay authority, without communicating either directly or indirectly with the house-surgeons, instructed the dispensers to send away without medicine all patients who presented these prescriptions. Of the courtesy of this unexpected proceeding I will say nothing; but by way of clearly explaining, in as few words as possible, the position it created, I simply copy the memorial which the house-surgeons presented to the Medical Council of the hospital two days after:—

"GENTLEMEN,—We beg formally to bring to your notice the following facts:—

"1. That the casualty prescription papers, specially printed for our use, have, after being duly signed by us, been systematically rejected at the dispensing department of the hospital.

"2. That, being thus deprived of the means of treating such patients as are in excess of the number specified as being entitled to out-patient letters, we have recommended them for extra out-patient letters, with the result that yesterday (May 21st), some twenty of such patients were dismissed from the hospital without professional advice or relief of any description.

"3. That the greater number of such patients as were by the above-mentioned means withdrawn from our treatment, and did eventually receive out-patient letters, were prescribed for without restriction by unqualified students, mostly junior to our own dressers.

"And we beg to suggest that it is not only calculated to detract from the efficiency of the hospital that we should be deprived of the right of signing casualty papers, but that it is anomalous that our right of prescription should be limited, while that of the house-physicians is unlimited. And we respectfully beg you to use your influence to bring about such changes, either in the rules or the administration of the surgery practice, as will enable us to fulfil our recognised duties without being hampered by restrictive regulations."

But this restriction affects the holders of dresserships even more seriously than the house-surgeons; the office of dresser is the only opportunity afforded to the large majority of the students of becoming practically acquainted with surgery. It is true that, with very little trouble, they can obtain permission to prescribe in the out-patient room without any reference to their capabilities, and many junior, as well as some senior, men avail themselves of the opportunity; but it will be seen that, as most of the former know nothing when they prescribe, and only do so by means of some empirical memoranda, compiled from a text-book, or from their observation of some one, perhaps no better informed than themselves, who has preceded them, and that the latter have had far better opportunities of observing the effects of treatment in the surgery, it still remains true that for the present generation of dressers, many of whom will have to return into the country on the expiration of their dresserships, or will be obliged to devote their attention to medicine, the surgery practice was their only opportunity of properly learning that minor surgery which forms the daily routine of general practice.

But now these men, who, with the exception of four holders of gratuitous dresserships, have paid for their opportunities at the rate of £18 18*s.* for six months, in full confidence of receiving the customary advantages, find one of the most indispensable means of learning their profession suddenly, and without explanation, withdrawn from them.

They also, therefore, sent in to the Medical Council a petition, containing a statement of their grievance, and praying that, considering the urgency of their case, they might be at once installed as writers in the out-patient room by way of compensation. And they appended a clause calling attention to the fact, that on his day of duty, each dresser is obliged to be in attendance in the surgery for at least thirteen hours at a stretch, without being provided either with a meal or a decent sitting-room.

Having at a great expense of your valuable space explained this domestic grievance, allow me as briefly as possible to call particular attention to the manner in which it has been dealt with. The Medical Council speedily matured an excellent scheme, which would satisfy the claims of the petitioners, and not only relieve the state of dead-lock to which the out-patient practice had been brought, but place it in a greater state of efficiency than before the alteration. This scheme was handed over by their formal representative to the supreme lay authority, without whose sanction it cannot become law, nearly seven weeks ago. With what result? No action whatever has been taken; but the wants and difficulties of the house-surgeons and dressers, and the representatives of the Council of the staff, are treated with that perfect indifference which, together with a want of harmony between the two centres of authority of the hospital, not in this instance only, but in many other ways, prevent the adaptation of the hospital practice to the purposes of teaching, and render abortive, as well, schemes for the improvement of that practice itself.

But, laying aside the fact of the just complaints of the students being treated with contemptuous indifference, is it not imperative that this policy should no longer be allowed to stand in the way of improving an out-patient practice, which, even before the present misunderstanding, entailed almost daily the scandal of enfeebled patients, who had presented themselves soon after 9 o'clock in the morning, being obliged to sit on hard benches, in crowded rooms, without any refreshment, till late in the afternoon, in order to have their case inquired into?

Let us hope that, as the principles of justice and good taste seem powerless to bring this matter to an issue, the publicity you give it may hasten so desirable an end.

I am, Sir, your obedient servant,

St. Bartholomew's Hospital, July 14th, 1869. OMEGA.

THE

INITIAL SIGN OF SYPHILITIC INFECTION.

To the Editor of THE LANCET.

SIR,—Objection has been made to the use of the term "infecting" to designate that species of chancre that is followed by constitutional syphilis, and the word has been regarded as a "misnomer" because the chancre itself is merely the initial lesion of the constitutional disease, and not its cause, properly so called.

The objection is perfectly just if the term be applied to the initial chancre of an individual who subsequently manifests the symptoms of the constitutional disease. But the term "infecting" does not refer to the action of the poison of a chancre on the individual who is the subject of the chancre. The term "infecting" refers to the action which the poison contained in the ulcer of one individual exercises on another individual, producing in this latter constitutional syphilis.

The poison in the chancre of A does not infect the constitution of A, because, as has been justly remarked, it is the initial sign of infection; but it produces in another in-

dividual an ulcer similar to itself; that is to say, it transmits syphilis to that individual, and hence may, I think, be said to have infected him.

I am, however, open to correction; and if any better name can be suggested, I am ready to adopt it. The point, although it turns on the use of a name, merits some discussion, because, until the names of things can be fixed between those who profess to entertain the same doctrines, the public will naturally conclude that the professors are not quite sure concerning their facts.

I am, Sir, your obedient servant,

St. James's-place, July 20th, 1869. WALTER J. COULSON.

NETLEY APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—I was rather sorry to read your correspondent "L.'s" letter in THE LANCET of to-day, referring to your very temperate and just remarks, in your number of the 3rd inst., upon the "Netley Appointments."

"L." seems to think that somebody has attacked the professional character of the gentlemen who hold these appointments. He has certainly broken out into a verbose laudation of the whole professional body connected with the place; while you distinctly stated that there was no question about the ability of these gentlemen.

It would have been more satisfactory if "L." had kept to the point, and omitted the eulogium. He might, perhaps, have then told us why these army appointments should not be opened to the general medical staff, as is now the case in the navy. He has not only not done this, but his letter has convinced me that these appointments ought to be strictly limited in time, and it has induced me also to suspect that a move among the professorial chairs might not be amiss.

Nobody, as far as I have seen, ever attacked the professional character of any of the Netley staff, and therefore I cannot but think that "L." was injudicious, to say the least, in bringing forward Dr. De Chaumont's name so prominently, as if he were the great medical Atlas of Netley, upon whose brawny shoulders the safety of the entire establishment depended.

It does not seem to have occurred to "L." that any one of these gentlemen might, for private reasons, resign this appointment. Dr. De Chaumont, being comparatively a junior officer, might possibly be inclined to try the general service; and his ability would decidedly be more likely to gain for him honour and reward in the general service than in his present special post. If, then, this happens, pray where is his successor to be found? Why, among the "unknown," as "L." calls them; but it would be much better if the Netley system produced fewer "unknown," which would certainly be the case if these appointments were open, after a limited tenure, to the now "unknown."

To say the assistant-professorships at Netley are not "appointments" for the army is simply nonsense. If so, why were they originally limited to five years? If so, why, when this time has expired in the case of two of the gentlemen, is the period, on their being re-appointed, limited to three years? If so, why are the assistant-professors at all on the general medical staff list of army surgeons, stopping in their very small way (it must be allowed) the promotion of assistant-surgeons? Why, Sir, "L." must have quite forgotten himself when he fancied such an assertion would bear testing.

It is to be hoped, however, that in future no such monopoly will be sanctioned with respect to any naval or military medical appointments.

I am, Sir, yours obediently,

July 10th, 1869. X.

THE LEEDS CONVALESCENT HOSPITAL.

(FROM OUR SPECIAL CORRESPONDENT.)

THE new Convalescent Hospital opened last week at Cookridge, near Leeds, is not among the least of the important improvements now taking place in the Leeds medical charities.

This beautiful hospital has been built and furnished by the munificence of one gentleman, John Metcalfe Smith, Esq., of Kirkstall Grange, and of the well-known Leeds banking firm Messrs. Beckett and Co. Mr. Smith in connexion with his architect, Mr. Norman Shaw (Nesfield and Shaw, of Argyle-street, London), has taken the deepest interest in the planning and furnishing of the hospital, and has himself personally superintended almost every detail. We are happy to believe that Mr. Smith will find in the pleasure which he will receive from the success of his noble foundation an ample reward for his well-conceived and humane design.

The site purchased by Mr. Smith is on a beautiful wooded declivity about five miles from Leeds, and near the Horsforth railway station. The building is of brick, and presents a very characteristic and charming appearance. The style is the domestic Gothic, and a successful attempt has been made to give to it an air of homeliness and comfort which is sometimes wanting in large establishments. The capacious ingle nooks and large fires for cold weather, and the fine bay windows, with extensive prospects for sunny weather, make the hospital very attractive. The edifice and its extensive grounds have been formally handed over by Mr. Smith to Dr. Clifford Allbutt and five other trustees for the permanent use of the district. The hospital henceforth is to be managed by a committee, and to be supported by subscription.

Mr. Seaton has been appointed the honorary medical officer, and to him the admission of applicants has been entrusted. Mr. Pinder, of Horsforth, has consented to act as visiting medical officer.

The object of the hospital is to find fresh air and good food for a few weeks for patients recovering from acute disease, and threatened with degenerative disease, or otherwise suffering from overwork or other evil conditions of town life. It is not intended to receive patients who are not likely to be soon restored to something like health. Convalescent hospitals are too often made places of temporary refuge for hypochondriacal, troublesome, or incurable patients, to the exclusion of persons who would derive a more solid benefit from the change.

The Cookridge Hospital will hold about 100 patients, and will be open to some extent, at least, during the whole year. The first admission day was on Friday, July 16th.

Leeds, July, 1869.

GLASGOW.

(FROM A CORRESPONDENT.)

THE system of rotation of medical officers adopted in the Glasgow Royal Infirmary, making a retirement for one year compulsory after six years' service, seems to work well; as the directors of that institution manage matters without partisanship and in a spirit of fairness to all parties. But an exception ought to be made in the case of teachers in the medical schools. The advantages which accrue to an infirmary and to the patients from connexion with a medical school have been pointed out in the columns of THE LANCET; but for such a connexion the Infirmary would never attract as it does the most eminent men in the profession, nor induce them to devote their time to its service; and without such men the treatment of disease would soon sink into insignificant routine. The schools are, therefore, entitled to ask something in return from the hospital, in order to render their teaching as efficient as possible. With our new ideas of medical education, a chair of Medicine and Surgery is of comparatively little value without hospital wards. The University will ere long have an independent hospital for its teachers; but the Andersonian Medical School will depend upon the Royal Infirmary for its clinical teaching, and the Infirmary, on the other hand, will owe its public position as a teaching institution solely to its connexion with the Andersonian University. In this view your editorial remarks in favour of Dr. M'Call Anderson's appointment to the vacant physicianship are highly just and in accordance with the interest both of the Medical School and Infirmary.

Irrespective of Dr. Anderson's high professional standing, and his ability as a teacher, his position of Professor of the Practice of Physic renders his claim upon the directors of the Infirmary very strong indeed; in fact, if I am not misinformed, one of his colleagues will, in deference to the obvious necessity of the appointment to the chair, retire in his favour.

The removal of Professor Lister to Edinburgh is considered as virtually settled, and the contest for the Surgery Chair in the University has already commenced. Dr. Macleod and Dr. G. Buchanan are the two local candidates. Both are men of experience and eminence. Dr. Macleod, who was a candidate on the occasion of the appointment of Professor Lister, seems to have established a kind of special claim to it this time. He has been lecturing for the last dozen years in Anderson's University and in the Infirmary, stands high as a teacher, and is popular among the students, who have numerously signed a memorial in his favour. A similar document in his favour has been signed by the leading members of the profession. Dr. Buchanan has his own friends, and I have no doubt that he will secure a good many signatures in his favour. But the fact is, that the partizanship for these gentlemen individually does not run so high just now, owing to the report which has been spread that the appointment will be conferred upon Dr. Joseph Bell, of Edinburgh, who is a nephew of the Lord Advocate; and therefore Glasgow men are afraid to divide their interest, lest they should afford the Lord Advocate a pretext for putting in a junior from another quarter. This would be considered a humiliation to Glasgow especially undeserved, as coming from the hand of its own University member. In canvassing for Mr. Moncreiff at the last election we were often met with the taunt, that we were only strengthening the interest of Parliament House and not that of the Glasgow and Aberdeen Universities; and the assertion was freely made that should a vacancy occur in which the interests of Edinburgh and of Glasgow men were at variance, the latter would be subordinate to the former. It has long been the reproach of the Edinburgh Parliament House, and especially of the Whig clique, that in their public appointments, political and family influence alone was regarded, and merit or standing was little thought of; but we trust that these days are past, and that Mr. Moncreiff will consider his connexion with the Glasgow University as forming a real tie connecting him with its interest, and not a mere convenience for securing him a seat in the House. When Glasgow men of high standing and experience in teaching are candidates, it surely cannot be that a junior will be put over their heads merely from family connexion.

Glasgow, July 16th, 1869.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

ONE of the last novelties produced in the Berlin medical world is a new sedative, but which its discoverer, Dr. Liebrich, thinks may also prove to be an anæsthetic. This is Chloral, $C^2Cl^3OH + H^2O$, the peculiar nature of which is that when treated by an alkali it evolves chloroform. Dr. Liebrich proposes to avail himself of the alkalinity of the blood, and so, when administered subcutaneously or through the mouth, to produce the effect of chloroform. The experiments on rabbits were perfectly satisfactory, inasmuch as it produced a sound, death-like sleep for some eight or ten hours; and it appeared to have this advantage over chloroform and opium—viz., that the rabbits, on awakening, had none of the after-effects which usually attend the administration of those subjects, but partook of food immediately and freely. On account of the uncertainty as to the proper dose, the experiments on the human subject have not been as yet quite so satisfactory. In one case, however, Professor Langen has proved to his satisfaction its wonderful sedative properties. A woman with fracture of the humerus, which threatened to become compound through her constant movements, she having strong delirium tremens when admitted, had taken, without its producing the slightest visible effect, seven grains of opium by the mouth, and three-quarters of a grain of morphia subcutaneously. Some time later, finding no result followed the measures, four grains of chloral were gradually given internally, and two grains subcutaneously. The patient gradually fell into a sound sleep, which lasted no less than fourteen hours, on awakening from which she complained of no sickness or headache, and partook of food readily. It is extremely probable that you will hear more of this chloral, but at present it is but sparingly experimented with.

Professor Langenbeck has recently read a paper before the Berlin Medical Society on the subject of "Morbid Increase of Length of the Long Bones." In this paper he has called attention to the fact that the long bones, when subject to irritation during the growing period of life, are apt to increase in length and thickness. It seems strange that in all the experiments on the subject of bone growth it never occurred to anyone to compare the bones of the corresponding limbs. He has observed in various cases where the bone has suffered from some continued irritation—for instance, a joint inflammation, or a necrosis—that lengthening of the limb has followed. In one case, that of a little girl about nine years old, who had suffered for six years from chronic inflammation of the elbow-joint, he found, that though the bones of the forearm in both limbs were of similar length, the humerus on the diseased side measured one and a half centimetres more than that on the sound. A man, fifty-six years of age, who had had disease of the tibia since he was three years old, was admitted to the clinic with carcinoma recti, for which he was operated on, but died a few days after. On comparing the bones in this case, the diseased tibia was found two centimetres longer, measuring from the inner condyle to the point of the malleolus internus, and from the front borders of the internal joint surface of the knee along the crista to the front border of the ankle-joint, no less than four and a half centimetres. The tibia, though generally thickened and enlarged along its entire length, showed a diminution in amount of joint surface. The fibula was two centimetres longer. In this case it appears that the fibula had grown proportionately with the tibia, but this, as Professor Langenbeck says, has been previously observed by Paget and others. From his observations he draws three conclusions, viz.:—

1. Morbid causes which produce irritation, and hyperæmia of the bony tissue, have as a result, as long as the bone-growing period lasts, an increase in length, as well as in thickness of the bone.

2. The increase of length concerns principally the diseased bone, but it can also be observed in a healthy bone of the same extremity.

3. The bone lengthened through this increase of growth, retains its dimensions through life. An after-shortening through resorption does not take place, even although the original cause—viz., the bone disease—should long since have ceased to exist.

He then makes the proposition,—if it be not possible to artificially regulate the growth of bone, and through that to hinder or accelerate it. With this view he made an experiment on a dog about eight weeks old, by inserting ivory pegs into the femur and tibia of the left side. About four months later, the dog was killed, and on comparing the experimented bones with those on the opposite side, he found that, "the femur showed no alteration in shape, but the joint surfaces of both hip- and knee-joints were slightly smaller, the diaphysis slightly thickened and uneven..... The tibia, in the diaphysis of which two ivory pegs had been inserted, showed these changes somewhat more strongly marked.....On measurement, the femur and tibia both showed an increase of five millimetres in length, making in the whole limb an increase of ten millimetres." It appears from this that both bones presented elongation and thickening of the diaphysis; but the epiphysis had become somewhat smaller. Here, also, the fibula was lengthened to a corresponding extent as the tibia, though that could only have been caused by the extension exerted on it by the growing tibia; and, what is still more remarkable, it had obtained this without losing its connexion with the tibia, as took place in a case described by Parise.

Professor Langenbeck appears to think that though there might be some difficulty in persuading a patient, for instance, with a shortened limb through paralysis, to submit

to five or six months' lying in bed, yet this observation may be of considerable importance to orthopædic surgery, inasmuch as it may be possible, by an application of extension apparatus, to so regulate the power that the bones themselves may actually undergo an extension.

Berlin, July 9th, 1869.

THE BRITISH MEDICAL ASSOCIATION.

THE thirty-seventh annual meeting of the British Medical Association will be held at Leeds on the 27th, 28th, 29th, and 30th inst., Dr. Chadwick being the President elect. The medical practitioners of Scarborough will entertain the leading members of the Association, on Saturday, the 31st; and invitations have also been issued by the profession in Harrogate. The addresses will be delivered by Sir William Jenner, Mr. Nunneley, and Dr. Beatty; and the scientific work of the Association will be divided into sections as heretofore.

THE POOR-LAW BOARD AND THE ST. PANCRAS GUARDIANS.

THE promised inquiry on the part of the Poor-law Board into the circumstances connected with the late suspension of Mr. Blake, the master of the workhouse, by the guardians, commenced on Tuesday, before Mr. Montague Bere, Q.C., at the St. Pancras Vestry-hall, and lasted some five or six hours. The charges made by the guardians, or those of them forming the party who suspended Mr. Blake, arose out of the vexed question of the new infirmary, which was projected by the old guardians, and is strongly discountenanced by the new, and were to the effect that he had followed the committee about the workhouse when they made their inspection, that he had by his presence prevented persons under his control from giving evidence, and generally that he had throughout shown an animus hostile to the new party, and favourable to the old party at the board. Evidence on these points was taken on both sides, and at considerable length, but it was of a conflicting nature, and the master himself gave a general denial to the charges brought against him. At the conclusion of the inquiry Mr. Bere informed the guardians that the result would be communicated to them through the Poor-law Board.

LONDON HOSPITAL COLLEGE.

THE prizes won by the students in the session 1868-69 were presented on Monday to the successful competitors in the anatomical theatre of the College. The Right Hon. G. J. Goschen, M.P., President of the Poor-law Board, presided. The report stated that the institution had never been more prosperous, and referred at length to the management and results during the year.

The following prizes were then presented by the Chairman, who addressed each of the prizemen in a few appropriate and encouraging words. The physicians, professors, and surgeons of the College, introduced the several successful students, and referred to the special efforts that had ended successfully in terms of praise. Clinical Medicine, £20 scholarship (given jointly by the House Committee and Medical Council), Mr. Ashley William Barrett; Gold Medal (given by the governors, and deferred last year), Mr. Edmund Vialls. Clinical Surgery, £20 scholarship (given jointly by the House Committee and the Medical Council), Mr. Stephen Mackenzie; Honorary Certificate, Mr. Oswald Baker. Clinical Obstetrics, £20 scholarship (given jointly by the House Committee and the Medical Council), Mr. W. Leapingwell. Practical Medicine and Surgery, Duckworth Nelson Prize, value £10 10s., Mr. George Ernest Herman. Practical Midwifery, Special Certificate (given by the House Committee for attendance on more than 100 cases of midwifery), Mr. George Salt and Mr. William Leapingwell. Dressers' Prizes (given by the House Committee for zeal and efficiency), Mr. John Butler Edis, Mr. Arthur J. Moore, and Mr. Alfred H. Parker, £15 prizes; Mr. Lionel Beech, Mr. John W. Fordham, and Mr. Charles W. Vickers, £5 prizes. Osteology, £20 scholarship (given by the Medical Council), Mr. W. L. Morgan; Honorary Certificate, Mr. Mackenzie. Anatomy, Physiology, and Chemistry, £25 scholarship (given by the Medical Council), Mr. Lewis Mackenzie; Honorary Certificate, Mr. W. L. Morgan.

The Chairman, after the presentation, addressed the students, remarking that it was through the medical profession that the public department with which he was connected most hoped to carry out medical reforms. He spoke of the good done by hospitals, of the importance of the medical profession, and said he knew no other class of professional men who combined at once the practical study of their own profession, and devoted a large portion of their time and intellectual powers to the instruction of those students who flocked to hear them. He heard that they were prosperous in accidents. They had an opportunity, so to speak, through the misfortunes of others, of increasing their skill for the benefit of their fellow-creatures generally. Having addressed some words of encouragement to the students, he expressed his happiness at meeting so many eminent members of the medical profession, and concluded his observations amidst loud cheers.

Mr. Curling proposed a vote of thanks to the Chairman for the honour he had conferred upon them by presiding.

Parliamentary Intelligence.

HOUSE OF COMMONS.

JULY 20TH.

THE MILITARY PRISON AT DUBLIN.

CAPTAIN VIVIAN, in answer to Mr. Kirk, stated that Mr. Tufnell performed the duties of the medical officer of the military prison at Dublin, and that he had done so since 1846. He was paid as a surgeon-major upon the medical staff. It was true that he had performed those duties for, not 27, but 28 years' completed service; but until 1860 he was only an assistant-surgeon, having foregone his promotion in order to retain his present appointment. In that year he was promoted to the rank of surgeon as a compensation for the loss of a Regius Professorship which he held in Dublin under a Royal Commission. It was also true that he was the only medical officer on full pay in charge of a military prison; but he held his appointment in virtue of his having been permanently appointed in 1846. Mr. Tufnell was likewise surgeon to the City of Dublin Hospital, was one of the Council of Examiners of the College of Surgeons in Ireland, and had a large private practice; but there was no reason for thinking that his other duties interfered with those connected with the military prison of which he had charge. He claimed the right to retain this appointment as compensation for the loss of the Regius Professorship. It was true that his retention of this appointment did stop the employment of a half-pay medical officer to perform the duties; but it could not be said to stop promotion, inasmuch as Surgeon-major Tufnell was upon the supernumerary list. In 1874, Surgeon-major Tufnell would have arrived at that period of service which would enable him, if necessary, to be compulsorily retired; but until then it was not likely that he would resign the appointment.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting on the 22nd inst. the following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, had licences to practise Physic granted them:—

Beresford, Robert de la Poer, Oswestry, Salop.
Crossman, Edward, Hambrook, near Bristol.
Davies, William Henry, Newport, Monmouthshire.
Dreschfeld, Julius, M.D., Higher Broughton.
Dukes, Clement, Great Ormond-street, W.C.
Gaitskell, Edward Forbes, Guy's Hospital.
Malham, William Prior, Kidlington, near Oxford.
Marley, Henry Frederick, Padstow, Cornwall.

Maynard, Charles Dudley, Hornsey-lane.
Morgan, John Rees, Merthyr Tydvil.
Parr, George, Denbigh-street.
Roberts, Carr Holstok, Neville-street, South Kensington.
Shipman, George William, Grantham.
Smith, Frederick Walter, Surrey Dispensary.
Thomas, John Davies, Swansea.

The following candidates have passed in Medicine and Midwifery, and will receive the College licence on their obtaining a qualification in Surgery recognised by the College:—

Amsden, George, St. Paul's-road, Highbury.
Headley, Thomas Holbein, Charlton, Kent.
Mayhew, Charles Henry, West Riding Asylum, Wakefield.
Pritchard, Urban, St. Paul's-road, Highbury.
Sandiland, Arthur Henry, Bicester, Oxfordshire.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed their final examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 20th and 21st inst.:—

Allchin, William Henry, Bayswater.
Amsden, George, Highbury, Middlesex.
Andrews, Arthur, Hertford.
Armingson, Joseph W., Burnley, Lancashire.
Archer, Thomas Brittin, Ely, Cambridgeshire.
Ashby, Alfred, Staines, Middlesex.
Barraclough, George, Streatham, Surrey.
Baxter, Evans Buchanan, Gate-street, W.C.
Bilham, James, Westbourne-park-place.
Broughton, Richard N., Ruyton-of-the-Eleven-Towns, Salop.
*Budd, Samuel P., Plymouth.
Cufaude, Frank, Acle, Norfolk.
*Ellis, Ellis Henry, L.K.Q.C.P. Irel., Bangor, N. Wales.
Furnivall, Henry Wallace, Hutton, Somersetshire.
Griffin, James, Banbury, Oxon.
Guy, Frederick G., Plumstead, Kent.
*Hallam, Arthur, Sheffield.
†Hall, Frederick, Leeds.
Herbert, Samuel Lymas, Demerara.
*Hitchcock, Henry Knight, Market Lavington, Wilts.
Hood, Donald William C., Croydon, Surrey.
Leckie, Walter James, L.R.C.P. Lond., Euston-road.
Mackenzie, Stephen, Weymouth-street, Portland-place.
Mason, Hugh Herbert, Burton-on-Trent.
McAndrew, James John, Castlebar, County Mayo.
Meagher, Joseph Stanislaus, Dublin.
Miller, Frederick M., Stoke Newington-road.
Morrish, Richard Alfred, Ledbury, Gloucestershire.
Owen, Simon Hoigate, Manchester.
Parker, Robert William, Ilford, Essex.
*Price, Thomas, L.K.Q.C.P. Irel., Bangor, N. Wales.
Pritchard, Urban, Highbury.
Rawlings, John Adams, Swansea.
Roberts, Arthur, Staleybridge.
*Shipman, George William, L.R.C.P. Lond., Grantham.
Sloman, Samuel George, Farnham, Surrey.
Smith, James A., Winchcombe, Gloucester.
Thomas, Andrew A., Jamaica.
*Thomas, David William, L.K.Q.C.P. Irel., Festiniog.
Thorne, Frederick la Coque, Leamington, Warwickshire.
Tomes, Charles Sissmore, Cavendish-square.
Urquhart, John, Forres, N.B.
Wallis, Frederick M., Bexhill, Sussex.
Williamson, John Gover, Holford-square, W.C.
Wills, Charles, Narborough, Leicestershire.

* These gentlemen passed in Surgery at previous meetings of the Court, and, having subsequently obtained medical qualifications, were admitted Members of the College.
† This gentleman passed under the old regulations of the College.

Eight other candidates were admitted to examination, but failed to satisfy the Court of Examiners, and were referred for a period of six months.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 15th:—

Appleton, Robert Carlisle, Southampton-street, W.C.
Attwater, Arthur William, Kilburn.
Kesteven, William Henry, Holloway.
Leigh, Herbert Sidney, Bagaley, Northenden.
Owen, Robert Humphreys, Carnarvon.
Smith, Frederick, Grimsby.
Smith, Richard Thomas, Hebden-bridge.
Wheatcroft, Samuel Hanson, Sheffield.

As Assistants in Compounding and Dispensing Medicines:—

Beasley, Frederick, Canterbury.
Bennett, Henry, Rotherham.
Emson, William Nicholls, Dorchester.
Sandiland, Robert Burgess, jun., Winslow.
Talbot, Thomas Henry, Collumpton.

The following gentlemen also on the same day passed their first examination:—

Walter Berry, King's College; Samuel Hosegood, Guy's Hospital; Henry Priestley, Sheffield School; Alfred Charles Mayo, King's College; Wm. Johnson Walsham, and C. P. Scott Wayman, St. Bartholomew's.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.—On the 7th instant, A. B. Steele, of Liverpool, and Joseph Goddin, of Birkenhead, were admitted Licentiates of the College by examination.

QUEEN'S UNIVERSITY IN IRELAND.—The following appointments to the Examinerships have been made by the Senate:—Medicine: J. Cuming, M.D. Surgery: E. D. Mapother, M.D., F.R.C.S.I. Midwifery: G. H. Kidd, M.D.

Medical Appointments.

ANDERSON, D., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Shepton Mallet Union.
BADDELEY, W., M.R.C.S.E., has been appointed Medical Officer for the Whalley District of the Clitheroe Union, Lancashire, vice J. C. Roberts, M.R.C.S.E., resigned.
BAINES, A. H., L.R.C.P.L., M.R.C.S.E., of Guy's Hospital, has been appointed Assistant Medical Officer to the Female Department of the Colney Hatch Lunatic Asylum.
BEARDSHAW, Mr. C. H., has been appointed a House-Surgeon at the General Infirmary, Leeds.
BRADLEY, J., M.R.C.S.E., has been appointed Medical Referee to the Colonial Assurance Corporation, and the Royal Mutual Industrial Assurance Society for Pensnett and District.
CERLY, R. W., M.R.C.S., has been appointed House-Surgeon to the London Hospital.
CHORLEY, Mr. M. W. W., has been appointed a House-Surgeon at the General Infirmary, Leeds.
COLEMAN, Mr. H. W., has been appointed a House-Surgeon at the General Infirmary, Leeds.
CREAN, R., L.K.Q.C.P.I., has been appointed Assistant-Surgeon to the Birkenhead Borough Hospital, vice J. A. Ross, M.D., appointed a Resident Medical Officer to the North Staffordshire Infirmary.
CROLY, W. J., L.R.C.P.Ed., has been appointed Certifying Factory Surgeon for the District of Abbeyleix, Queen's County, and Civil Medical Inspector of Recruits, vice J. H. Sheppard, L.R.C.P.Ed., deceased.
CUFAUDE, W. H., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Acle District of the Blofield Union, Norfolk, vice J. T. Jay, M.R.C.S.E., resigned.
DALBY, Mr. F. S., has been appointed Resident Medical Officer to the Notting-hill and Shepherd's-bush Dispensary.
HARDING, Mr. M. P., has been appointed Dental House-Surgeon and Assistant-Secretary to the Dental Hospital of London.
HODGES, F. H., L.R.C.P.Ed., has been appointed House-Surgeon to the Birmingham and Midland Eye Hospital, vice Henry Deane, L.R.C.P.L., resigned.
JACKSON, Dr. E., has been appointed Medical Officer for the Brindle Workhouse of the Chorley Union, Lancashire, vice Robt. Smith, M.R.C.S.E., deceased.
LEGG, W., M.D., has been appointed Physician to the St. George Dispensary, Mount-street, Grosvenor-square, vice E. Payne, M.D., resigned.
MOON, H., L.D.S. R.C.S.E., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, vice C. J. FOX, L.D.S.R.C.S.E., promoted to Dental Surgeon.
MOORE, C. H., F.R.C.S.E., has been appointed joint Lecturer on Surgery at the Middlesex Hospital Medical College.
OATES, J. P., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Castle Bromwich District of the Aston Union, Warwickshire.
POLLOCK, A. J., M.D., has been appointed Lecturer on Forensic Medicine at Charing-cross Hospital Medical College, vice Silver.
REID, A., M.B., has been appointed Assistant Medical Officer to the Royal Lunatic Asylum, Aberdeen, vice J. H. Smith, M.B., appointed to the Nottingham County and Borough Lunatic Asylum.
TAIT, Mr. L., has been elected Assistant-Surgeon to the Clayton Hospital.

Births, Marriages, and Deaths.

BIRTHS.

ADLEY.—On the 17th inst., at Haverfordwest, the wife of W. H. Adley, M.R.C.S.E., Surgeon Bengal Service, of a daughter.
BEATSON.—On the 21st ult., at Nagpore, Central India, the wife of W. B. Beatson, M.D., Civil Surgeon, of a son.
DAVIES.—On the 10th inst., the wife of T. H. W. Davies, Surgeon, of Gloucester-road, Bristol, of a son.
GRAY.—On the 15th inst., at Bageley, the wife of Frederick John Gray, Esq., of a son.

MARRIAGES.

FIELD—WHITELEY.—On the 19th inst., at Bierley, James Field, M.R.C.S.E., to Sarah Jane, daughter of Joseph Whiteley, Esq.
MACNAB—LAMB.—On the 24th ult., at Childwall Church, Robt. Allen MacNab, M.B., of Cross Hills, near Leeds, to Jane Slingsby, daughter of the late Andrew Lamb, Esq.

DEATHS.

BRODRICK.—On the 27th of May, at Madras, Dr. Brodrick, formerly of Macclesfield, aged 37.
BROUGHTON.—On the 14th inst., G. Broughton, L.R.C.P.Ed., of Chapel Allerton, Leeds, aged 27.
CLERKE.—On the 29th ult., J. Clerke, L.R.C.P.Ed., of Castlemartyr, Co. Cork.
COTTER.—On the 18th inst., at Rockforest, Nelson K. Cotter, L.R.C.S.I., of Buttevant, Co. Cork.
GOODWIN.—On the 17th inst., at Hampton Court, W. J. Goodwin, M.R.C.S., aged 70.
LEE.—On the 10th inst., H. Lee, M.D., of Weathercak-hill, Alvechurch, Worcestershire, aged 76.
WHITFELD.—On the 7th inst., H. Whitfeld, M.R.C.S.E., of Ashford, Kent, aged 63.

Medical Diary of the Week.

Monday, July 26.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, July 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, July 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, July 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, July 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 31.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

ADULTERATION OF FOOD AND DRINK.

A PARLIAMENTARY Return of the number of persons convicted, under the provisions of the Revenue Acts, of adulterating food and drink within the metropolitan district during the last three years, shows that 22 persons were so convicted in 1866, 7 in 1867, and 5 in 1868—making in all 34 transgressors. Of these, 12 were detected in selling adulterated coffee or chicory, and the remainder were concerned in the adulteration of beer. The total amount of penalties imposed on these offenders by the convicting magistrates exceeded £2000 in the three years; but the sum actually paid was less than £300, the difference representing the results of appeals to the Board of Inland Revenue for mitigation. It is fair to assume that the heavy penalties sanctioned by law were not fixed without a purpose, which was, we take it, to make them as deterrent in their effect as possible; and we are far from being satisfied that the disproportion, evident in so many examples in the Return, between the fine inflicted and the penalty exacted, does not indicate a greater amount of consideration for the law-breakers than is consistent with the public interests. A man who is fined £50 by the magistrates, and is let off for a £5 note by the Board of Inland Revenue on appeal, is likely to attach more importance to the effect of extenuating circumstances than is desirable for the consumers of his wares.

Æsculapius wishes to know if there is any *effectual* remedy for preventing the growth of superfluous hairs—e. g., moustaches on young ladies, &c.? He has tried plucking out by the roots and various depilatories; but has found the hair grow again in a short time, even stronger and thicker than before.

Mr. G. M. Holroyd.—The gentlemen named are respectable members of the profession. We cannot write private notes.

THE CHAIR OF PHYSIOLOGY AT KING'S COLLEGE.

To the Editor of THE LANCET.

SIR,—Having so recently resigned my connexion with King's College, I thought it unnecessary to contradict the statement made in some of the medical journals that I was a candidate for the Chair of Physiology in that institution. I find, however, that it is necessary to do so even now, as some of my friends have been misled by the statements above referred to, and I shall esteem it a favour if you will kindly insert this contradiction in the next issue of your journal.

Yours faithfully,
Upper Berkeley-street, July 21st, 1869. JOHN HARLEY.

BABY SHOWS.

AN attempt has been made to get up a Baby Show in England, and, from what we saw of the experiment in North Woolwich, we hope it may not be repeated. Such exhibitions are, in our opinion, degrading, as they are certainly disagreeable, if not disgusting. If those who preach on the virtue of having limited families wanted to enforce their tenets, these Baby Shows would supply the means; and we might go further, and add, that if we require to restrain young people from indulging in love-making and marriage, a Baby Show ought to do it if anything could. Infants are exhibited for a prize as if they were so many pigs or dogs, and this seems to us a degrading thing to do; and for a row of mothers to suckle their babes in public, exposed to the gaze of every on-looker, is to our minds simply indecent. Poets may sing of the innocence and dimples of childhood; but a Baby Show, composed of fatigued and perspiring mothers, nursing infants of all ages, in a large, hot, and ill-ventilated tent, with all the aggravated odours of an overcrowded nursery, puts infancy in another and very disagreeable aspect. The triplets were painfully puny, ugly, wrinkled little creatures; and there did not appear to us to be much to choose between the pulsating brain of one bald-headed infant and the hairy scalp of another. The hope of gaining a prize had led many poor women to travel considerable distances, and several of them looked weary and half-famished. There is, besides, no end to the possible evils which may arise from aggregating together a number of infants, without any probable advantage that we can discover. Only let one infant be labouring under a contagious disease, such as scarlatina or measles for example, and a Baby Show is about the best way to sow such a disease broadcast; while the exposure to the heat, glare, and odorous atmosphere ought to prove effective in producing diarrhœa or convulsions. On the other hand, we presume it is not intended to carry the Darwinian hypothesis into practice, or pursue the custom adopted by breeders of fancy pigeons or the featherless bipeds. We are scarcely warranted in killing ugly and diseased specimens, and pairing the fathers and mothers, regardless of all marriage ceremony or matrimonial bonds, so as to obtain fancy breeds of babies. The idea is nasty in itself; but what we saw of it has tended to show how nasty it may be practically.

Mr. W. J. Harnett.—The correspondence referred to has not been received.

ST. PANCRAS WORKHOUSE.

To the Editor of THE LANCET.

SIR,—Your columns again bear evidence of the bad state of management and treatment of the poor at St. Pancras Workhouse. This time I am sorry to see, what is indeed a novelty, that the charge of neglect and cruelty is against one of the medical officers.

You very properly state that facts were brought to light which showed that Mr. Harley had not in a *bond-fide* and privileged manner the full exercise of his medical discretion. This, although lamentable, is, I fully believe, true. Mr. H. may have lent himself to the secret instructions of a certain class in the Board; but I contend that he is less guilty than either section of which that Board is composed. So great is the party spirit which reigns there, that each side strives in every way to trip up officers enjoying the confidence of the other; and I feel certain that Mr. Harley had every action of his criticised, and probably traps laid for him, which he would have been most clever had he avoided.

The cry raised by the ex-Chairman and leader of the party which is now out of power is most likely just; but it might have been raised with as great reason during his term of office. Acts of brutality were perpetrated then (not by medical officers) which would excel in cruelty the case of Mary Allen, yet no inquiries were held.

The fact is simply this—and it is only fair to the medical profession to state it,—that a small class of officers exists at St. Pancras Workhouse who strive in every way to render the post of medical officer there absolutely unsafe and unbearable. The frequent resignations which have taken place during the last two years, and to which you have frequently called attention, prove this.

There is urgent need for searching inquiry; but so long as the guardians forget their real duties, and occupy their time in quarrelling and furthering particular party views, so long will these touching disclosures be brought to light.

I augur little good either for the poor or the doctors, from the union which at present seems to exist between the two resident medical officers and another officer of the workhouse, whose persistent opposition to, and ungentlemanly treatment of, their predecessors, has become proverbial, and has caused any medical post in connexion with St. Pancras Workhouse to be shunned with horror.

I am, Sir, your obedient servant,
July, 1869. VERITAS.

M.D., (Hastings.)—We fail to see how we have misinterpreted our correspondent's views. If he will turn to THE LANCET of August 29th, 1868, he will find the work in question characterised as "an anonymous publication, wordy, and ungrammatical in style, and, as a quasi-scientific production, not worthy of serious criticism." As we said before, we know of no means by which any publisher can compel the author to append the above flattering notice to his advertisement.

A Fellow.—The time will soon arrive for action in the matter.

PROFESSIONAL HANDBILLS.

To the Editor of THE LANCET.

SIR,—Might I trouble you to inform your correspondent, "Verax," that he is entirely mistaken in his last week's complaint. Not a *single* handbill has been distributed since I *first* stopped their issue, and every one has been destroyed. I was fully under the impression that your kind explanation for me would have been sufficient. If "Verax" requires more than the rest of the profession, and will apply personally for it, I shall be glad to supply him with all the information he can desire.

Your obedient servant,
Sheffield, July 21st, 1869. W. J. MOUNTAIN.

VIVISECTION.

ACCORDING to a recent paragraph in the *Pall Mall Gazette*, vivisection seems to have lost none of its horrors, notwithstanding the assertion of Claude Bernard, that the sufferings of the martyrs to science would be mitigated, if not altogether suppressed, by the use of chloroform. A gentleman of Arras not long since complained that he was disturbed night and day by the howls of the tortured animals. We earnestly hope that these statements will turn out to be, at least, exaggerated. We have more than once expressed our opinion on this subject; but as French physiologists are said to have been offended with their English *confrères* for their opposition to these scientific cruelties, we forbear saying anything further than that vivisections, unless undertaken under very special and exceptional circumstances, are as cruel as they are unnecessary for the purposes of science. Although we have a constitutional repugnance to the infliction of pain, we could overcome that if convinced, which we are not, of the necessity or importance of these experiments.

Dr. Sydney Fennell.—The charge seems to us a reasonable one.

THE LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS AND POOR-LAW MEDICAL APPOINTMENTS.

THE subjoined correspondence has been forwarded to us for publication:—

To the Secretary of the Poor-Law Board.

SIR,—Would you kindly inform me whether the licence of the Royal College of Physicians, London, is recognised by your Board as a Surgical licence, the College examination extending over Medicine, Surgery, and Midwifery. I am desirous of knowing the Board's view, inasmuch as I may obtain some Poor-law appointment. Your reply will oblige,

Yours faithfully,
THOS. S. BULMER, M.D.

Poor-law Board, Whitehall, S.W., July 9th, 1869.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 2nd instant, and to state that the licence of the Royal College of Physicians does not in terms purport to confer a licence to practise Surgery; and, therefore, the Board are not prepared to say that it is a legal qualification to practise Surgery within the terms of their General Order. The Board understand that the Royal College of Physicians have this matter at present under consideration.

I am, Sir, your obedient servant,
ARTHUR W. PEEL, Secretary.

To Thomas S. Bulmer, Esq., M.D., 63, Loddiges-road, Hackney, N.E.

J. N. E.—Registration is not compulsory; but none but registered persons can recover charges in a court of law. In the language of the Medical Act, a legally qualified medical practitioner means a person registered under this Act. Public appointments, too, can only be held by registered practitioners.

Dr. Munro, (Radstock.)—In our next number.

THE GLASGOW OPHTHALMIC INSTITUTION.

To the Editor of THE LANCET.

SIR,—The Glasgow Ophthalmic Institution, with which my name is connected, is the *clinique* of the Chair of Ophthalmic Medicine and Surgery of Anderson's University. It has beds and nurses, and is conducted in every respect on the same principle as the Parisian Special Hospital of Desmarres and others. Its situation in the west-end of this large city, where, except itself, there exists no institution for diseases of the eye, has, I am well assured, supplied a desideratum long felt by the public and by the profession. It is attended by students of both Universities and by licensed medical men, and is open to the visits of medical practitioners. At the beginning it was, in the opinion of its promoters, necessary to advise the general public that such an institution was in operation, and an advertisement, penned in accordance with the advice of several leading medical men, was issued. This advertisement was inserted for some time, according to the practice of most of medical charities, particularly those of recent origin. We could see no objection to this practice, as my name was in no instance associated with the advertisement. The existence and the object of the institution are now, however, so well known that for *some weeks past the advertisement has been withdrawn*, being no longer necessary. The advantages of an Ophthalmic Institution at the West-end have, indeed, become so obvious that several conferences of medical men and Directors of Anderson's University have taken place, having for their object the solid endowment and the extension of the institution.

I have only further to add that at the commencement, and before the customary letting term, I was obliged to employ a portion of the premises of the institution for my private consultations; but since I have obtained possession of my own dwelling-house, that necessity no longer exists. Since last term the whole of the premises is devoted to the working of the institution.

I presume, therefore, that your "Country Subscriber" lives too far in the interior, when he comes so late with the exhibition of his zeal for professional propriety.

Your obedient servant,
Shaftesbury-terrace, July 20th, 1869. J. R. WOLFE.

To the Editor of THE LANCET.

SIR,—When Dr. Wolfe came to Glasgow I had no knowledge of him excepting through his published writings. He soon afterwards became a candidate for the recently instituted Chair of Ophthalmic Surgery in Anderson's University, and as one of the medical trustees it was my business to satisfy myself of his position, qualifications, &c. &c. I then witnessed the active and persevering, but unsuccessful, efforts of a small knot of individuals to discredit his pretensions, obstruct the election, and encourage other candidates to come forward. The more freely all objecting counsels were ventilated, the more convincingly did it appear to the trustees that Dr. Wolfe was the right man in the right place, and his election was practically unanimous. Among others, I was well satisfied that he was likely as a teacher and practitioner, not only to maintain, but also to advance the reputation of Glasgow as a resort for patients seeking relief from ophthalmic surgery.

Under the sanction of a general invitation to the profession, and after having heard favourable accounts from medical visitors, I lately inspected the Ophthalmic Institution. While there I met Mr. Ambrose, writer, the excellent Secretary of Anderson's University, occupied on a similar errand, and soon after we were joined by Mr. Ewing, the greatly respected late President. We walked through the apartments, and saw the waiting-room crowded with out-patients; saw in-door patients who had undergone operations, and were still under treatment: saw students of medical men assisting in, and acquiring a practical knowledge of the details of examination and of treatment. We saw nothing objectionable, and we expressed to each other the feeling that the institution possessed many commendable features, and that it was evidently a success. Since that date myself and others have been impressed with the desirability of extending the usefulness of the institution and connecting it formally, as at present it is in fact, with the Ophthalmic Chair of Anderson's University, and the matter has been the subject of serious consideration and discussion among a number of the members.

I may add that Dr. Wolfe's public expressions and the indications of his temperament make me share in the conviction I often hear expressed, that he not only would not countenance any practice that savoured of quackish modes, but that he would, on the contrary, make all necessary effort and sacrifice to avoid the imputation of such. I am, therefore, of opinion that Dr. Wolfe has not in intention or in act laid himself open to the strictures of a generous mind; and I incline to believe that the inhospitable fault-seeking which has notoriously dogged his proceedings since he so very lately settled in Glasgow, originates in a carping spirit of petty criticism, in ignorance, or in some disappointment.

I enclose my card, and am, Sir, very truly yours,
A MEDICAL TRUSTEE OF ANDERSON'S UNIVERSITY.

Glasgow, July 20th, 1869.

To the Editor of THE LANCET.

SIR,—In reference to the communication of "A Country Subscriber" in your last impression, we, the undersigned, beg to state, for the benefit of such correspondents, that the Glasgow Ophthalmic Institution is really what it professes to be, a public institution for the treatment of eye diseases. The house is fitted up for the reception of both in- and out-patients, and is otherwise possessed of every requisite for the successful treatment and study of eye affections. The beds are nearly always filled, and out-door patients attend in great numbers. During the last three months, in common with students of both Universities, we have attended Dr. Wolfe's clinical instructions conducted at that institution; and from our knowledge of similar institutions elsewhere, we are able to state that, whether with regard to the successful treatment of patients, or to the skill and ability displayed by Dr. Wolfe as a teacher and operator, we know of none which is more deserving of the confidence of the profession.

WILLIAM THOMSON, L.R.C.P. & S. Edin.
DONALD FRASER, M.B., C.M. Glas.
DAVID SUTTIE, M.B., C.M. Edin.

The Glasgow Ophthalmic Institution, July 19th, 1869.

To the Editor of THE LANCET.

SIR,—Though, along with two fellow-practitioners, I have signed a communication to you, referring to the Glasgow Ophthalmic Institution, I am desirous of still further enlightening your correspondent, "A Country Subscriber," by stating that, although practising in a neighbouring town, I have, attracted by Dr. Wolfe's reputation, attended his *clinique* two or three times a week for the last three months; and as an illustration of the nature of the work which I have there been privileged to see and occasionally to take part in, I may state that during that short period fifteen operations for the extraction of cataract were performed, with in every instance a successful result. These facts tell their own tale, and need no comment.

I am, Sir, your obedient servant,
Paisley, July 20th, 1869. D. FRASER, M.B.

PROTECTION OF UNQUALIFIED BY QUALIFIED PRACTITIONERS.

A CORRESPONDENT describes an illegal practitioner in a large town in the north of England as practising under the protection of a qualified practitioner who lives several miles off, and thinks it, as we do, an evil which should be controlled by the Medical Council or some other authority.

BERRY DEFENCE FUND.

To the Editor of THE LANCET.

SIR,—The expenses incurred by Mr. O. W. Berry in defending the false charge recently brought against him, and his subsequent successful prosecution of his accuser for perjury, have amounted to the sum of sixty guineas. The Committee will be obliged by the insertion of the following list of subscriptions towards defraying the same.—Yours truly,

Charles-street, Soho, July 14th, 1869. E. SANDWELL, Hon. Sec.

Amount already acknowledged	£14	12	0	W. Powell, Esq., Tenbury	£0	10	0
Dr. Hyde Salter, Harley-st.	1	1	0	W. Cox, Esq., Mitcham	0	5	0
E. Canton, Esq., Montague-place	1	1	0	R. Barwell, Esq.	1	1	0
Dr. Barr Meadows, Dover-st.	1	1	0	H. Hancock, Esq.	1	1	0
Dr. Head, Harley-street	1	1	0	F. Hird, Esq.	1	1	0
W. Adams, Esq., Henrietta-street	1	1	0	Dr. E. Bowen, Birkenhead	1	1	0
Dr. Calthrop, Netley	0	10	6	Dr. Dowse	0	10	6
Dr. Wilkinson, Shaftesbury	0	10	6	E. Dyer, Esq., Clerkenwell	0	10	6
				P. Marshall, Esq.	0	10	6
				W. Pretty, Esq., Croydon	0	10	6
				Dr. Airey, Camden-town	0	10	0

Subscriptions may be made payable to H. Woolcott, Esq., Charing-cross Hospital, Treasurer; or Dr. Sandwell, 10, Charles-street, Soho, Hon. Sec.

Mr. F. Munro (Whitehaven) states that the appointments at the infirmary have been filled up, although the advertisement still appears in the journals.

THE EXTRAORDINARY CASE OF ACCOUCHEMENT.

To the Editor of THE LANCET.

SIR,—In justice to the infirmary surgeon connected with this local public announcement, afterwards reviewed with censure in last week's LANCET, I, for one, beg to express my opinion that the high professional and social position held by Mr. Parker in Sheffield and the neighbourhood places him far beyond the suspicion of ever encouraging such a paragraph as that which accidentally (doubtless through the eagerness of a reporter in gleaning news from a non-professional authority) appeared in our local paper.

I am, Sir, your obedient servant,
Sheffield, July 19th, 1869. A SHEFFIELD SURGEON.

STABLE DWELLINGS.

IN his last monthly Report on the Health of the Parish of Marylebone, Dr. Whitmore notices an outbreak of scarlatina among children living in lofts above the stables in Park-crescent-mews West, and which stables were, he says, in a very bad sanitary condition. He considers the conversion of stable-lofts into human habitations as very objectionable, and that it should in no case be tolerated unless everything in the stables below as well as in the lofts themselves are in the best possible sanitary condition; that is, the pavement and drainage of the stables should be perfect, the water-supply abundant, the ventilation ample, the flooring of the lofts rendered impervious to the effluvia arising from below; the lofts should have fewer occupants than ordinary dwellings of the same size, and their ventilation should be especially provided for.

Denham.—Our correspondent should endeavour to pass the examination of the Pharmaceutical Society.

Mr. James Howden, (Montrose.)—Next week, probably.

VACCINATION CERTIFICATES: THE CASE OF MR. LANGSTON.

To the Editor of THE LANCET.

SIR,—In your impression of the 17th instant it is announced that I have been fined before the Rochester Bench of (City) Magistrates for neglecting to send a vaccination certificate to the registrar.

I have been fifteen years a public vaccinator, and always sent in certificates most painstakingly, and the case in question is only alleged to be a solitary one.

The facts are these:—A woman, named Burford, who had a child born in the Rochester district of the Medway (Chatham) Union, afterwards removed to Strood (North Aylesford Union). It was thirteen months old, and unvaccinated. She received a notice from a Mr. Jabez Whitehead, sub-registrar and appointed vaccination officer by the Chatham guardians, threatening proceedings. She called at *my* surgery in my absence on Thursday, 27th May last, and my assistant, Mr. Bell, vaccinated the child, after which, while the woman was there, I accidentally came in. I did not see the case any more; but it seems she brought it again on the "*seventh day*," saw Mr. Bell, my qualified assistant, who took some lymph, and the woman went away. Mr. Bell signed the certificate, and by an unfortunate accident, as there were twenty or thirty more such lying on the table which had not yet come back for inspection, Mr. Bell placed it back with these in a drawer, not observing the woman had left it behind, he being quite a stranger (two days with me), wholly unacquainted with the new Vaccination Act, the locality, names of the registrars, or even my public vaccination day. A few weeks afterwards she called again, in consequence, as she said, of Mr. Jabez Whitehead having visited her. Mr. Bell found the certificate amongst the uninspected ones alluded to. I was there. It was given to her. The vaccination was entered into my private book, and not my public vaccination register, because she had expressed herself desirous of paying the fee herself, and she had not attended upon my contract day (Monday) for public gratuitous vaccination. This is all I know personally about it, and I had quite forgotten the matter or even the name of the woman in the calls of busy practice. About a week afterwards I was startled by receiving a summons by a policeman, dated 3rd July, charging me with not having sent in a certificate as public vaccinator within twenty-one days. Upon searching my books I found the name corresponded with the case in question before mentioned.

I attended the Magistrates' Court on the 13th July, when the following evidence was elicited:—

The Registrar said he received the certificate produced in Court, signed by my qualified assistant, Mr. Bell, M.R.C.S. Engr., by post on the 2nd July, 1869, *the day before the summons was granted.*

The woman, Burford, called by the vaccination officer, Mr. Jabez Whitehead, said she did not get the infant vaccinated upon the public vaccination day, and had promised to pay the fee, and should have done so but that Mr. J. Whitehead called upon her, and told her not to do it.

Mr. Bell proved that he vaccinated the child, saw it again on the "seventh day," in my absence, and signed the certificate produced.

Section 27th of the Act says: "The registrar of each district shall, within one week after the 1st day of January and the *1st day of July in each year*, make a list of all cases in which certificates of vaccination have not been duly received by him during the last preceding half year, and shall submit the same to the next meeting of the guardians of the union or parish wherein he acts; and the said guardians shall forthwith make inquiry into the circumstances of the cases contained in the list, and if they find that the provisions of the Act have been neglected, shall cause proceedings to be taken against the persons in default."

Mr. Jabez Whitehead deposed *the case was laid before the guardians in the middle of June.*

I read portions of the Act, inclusive of the above clause, and argued—

1stly. The case was that of a vaccination done by a private medical practitioner, and the parent, therefore, called upon to transmit the certificate.

2ndly. That the summons was granted illegally, and dated 3rd of July, *four days before it could have been brought before the guardians, according to the Act of Parliament, and that Jabez Whitehead had sworn it had been submitted to them nearly a month before.*

The magistrates, Wm. Bell, Esq., Surgeon, Alderman Coles, and the Mayor, retired a few minutes, and returned to say the case was proved. Fined one shilling, and twelve shillings expenses.

I paid the money under protest, asked for a case for a superior Court, was refused, and was told, if I desired to quash it, to get a *mandamus* from the Court of Queen's Bench. I left the Court, telling the Bench I felt myself unjustly treated. I am, Sir, yours obediently,

JOHN LANGSTON, F.R.C.S.

The Friary, Strood, Rochester, July 19th, 1869.

F. H. L.—No factory inspector is justified in interfering with the patients of a neighbour; but if our correspondent wishes his letter to be inserted, he must append his name to it, or at least initials which cannot be mistaken for those of a resident practitioner.

B.—At the London Hospital.

THE letters of *Mr. J. T. Gray* (India) and *Dr. H. Knapp* (New York) are in type, and shall appear next week.

Veritas.—The licence of the Faculty of Physicians and Surgeons of Glasgow does not confer the title of Doctor either by right or courtesy.

MEDICAL FEES.

A COUNTY COURT Judge in Lincolnshire, after hearing the other day several cases of disputed claims for medical attendance, said "he wished there was a taxing officer for medicine accounts; it would save him a deal of trouble." The claims of the medical man (who, we may be sure, was reluctant enough to sue) were all allowed by the Judge as "reasonable." Whether or not more "trouble" is caused by medical than by ordinary claims in County Courts, we cannot, of course, say; but his Honour may be assured that the profession would strongly object to have their charges "taxed" according to a hard undeviating general rule, as a substitution for the present mode of considering each case upon its merits. We doubt, farther, if the public would be gainers by the change.

SMALLMAN FUND.

THE following additional subscription has been received on behalf of the above:

Amount previously advertised	...	£2	12 6
Dr. Morell Mackenzie	... ...	1	1 0

J. C.—We know nothing of the institution named by our correspondent; but its title seems sufficiently self-condemnatory.

ANOTHER CASE OF CONGENITAL ABSENCE OF THE MEATUS EXTERNUS OF THE (LEFT) EAR.

To the Editor of THE LANCET.

SIR,—I trust the record of a companion case to that sketched by Dr. Munro, with an outline of the treatment I attempted, may not be without interest to that gentleman and the profession.

Two years ago a leading physician in Cheltenham kindly sent me a little girl, lately arrived with her mother from India. Deafness was more or less developed in the mother (I think in the father), and in most of their numerous progeny. The defect culminated in one of their daughters; for not only was there dulness of hearing, but congenital deficiency of structure. Nature, I believe, had in this family made the *internal ear* perfect enough; but the external apparatus, including the drum, meatus, and pinna, were all more or less rudimentary.

In the case of my patient, the pinna was represented by little more than a small loose piece of *skin*, and the meatus by a *dimple*. By simple experiments I found the internal ear was in all probability sufficiently developed for all ordinary function, provided the waves of sound could reach it. The chief difficulty was at once apparent; not how to make an artificial meatus—that might be done in many ways,—but how to keep it open when made. I made a perfect meatus by means of the galvanic battery and the very fine needles, after the method of Dr. Althaus, and the delight of the family and myself was great when the child for the first time heard a distant bell and the ticking of a watch. Everything seemed to promise success if the passage remained patent; but notwithstanding the utmost pains, and I take upon myself to say no little ingenuity, nothing could prevent nature doing too much, and closing the artificial canal. Day by day it narrowed and shallowed until it was completely filled in, and to this day the patient remains an opprobrium of surgery.

It is, perhaps, some palliation of my failure to say that Sir W. Fergusson had seen the case, and advised non-interference. This I did not know until afterwards. Yours truly,

Cheltenham, July, 1869. A. FLEISCHMANN.

PROFESSIONAL ADVERTISEMENTS.

WE subjoin an advertisement which will be read with interest by the profession, and probably with admiration by Mr. T. H. Tidswell, "Surgeon, Apothecary, and Public Vaccinator (with a certificate)." It should be known beyond Moulton that such a prodigiously qualified man lives in the house lately occupied by B. Cowley, Esq., and that, notwithstanding this, he will still be glad to attend ladies and gentlemen at moderate charges. It would be too much to expect a man so qualified medically to be possessed of much knowledge of law; so he will forgive us for advising the public not to accept his legal doctrine, published, no doubt, most unselfishly, that no person can legally vaccinate without having undergone an examination ordered by the Privy Council. All legally qualified medical men are competent to vaccinate under the Act. But let us treat our readers to a specimen of professional advertising:—

"Mr. T. H. Tidswell, Surgeon, Apothecary, and Public Vaccinator (with a certificate), respectfully informs his friends that, as medical officer for the Moulton district in the Spalding Union, he has taken and resides in the house lately occupied by, and belonging to, B. Cowley, Esq., near Goddard's Bridge in Moulton; and that his surgery and dispensary is opposite the Church, which was formerly occupied by the late Dr. Watson, of Holbeach.

"All ladies, gentlemen, and others, who may require his services, he will be glad to attend at moderate charges.

"N.B.—No person can legally vaccinate without having undergone the examination recently ordered by the Privy Council, and having received a certificate from the Registrar of England, proving that he has passed it satisfactorily.

"Moulton, July 12th, 1869."

Chirurgicus.—There is no "free scholarship" (by which we presume our correspondent means a *gratis* education for a medical student) attached to either of the hospitals named; nor do we think such things are to be recommended unless in connexion with a professional charity, like the Epsom College.

A RECENT APPEAL.

To the Editor of THE LANCET.

SIR,—Will you permit me to acknowledge, through your pages, the receipt of one guinea from J. T. Tallent, Esq., of Ringham, Attleborough, Norfolk, as a donation to the annuity fund for the aged and poor widow of a professional man, in behalf of whom an appeal was made in your issue of the 15th May.

I much regret to say the sums collected by Mr. J. Hutchinson and myself are not sufficient for the object we had in view.

I have the honour to be, Sir, your obedient servant,

London, July 15th, 1869. ANDREW CLARK, M.D.

HANDBILLS AND CIRCULARS.

"*The Doctor.*"—The circular is quite unprofessional and discreditable. It is a selfish device for getting practice by lowering professional remuneration and by advertisement. The local medical men should protest, and if the circular is not withdrawn, should leave the author of it to himself. It would be well to forward a copy of the circular to the respective bodies whose diploma is concerned. The following little handbill is respectable in comparison with such circulars and advertisements as reach us daily:—

"NOTICE OF REMOVAL.—Dr. Poncia has removed from Brearley-street West to Victoria Cottage, Hunter's-lane, nearly opposite Mersey-terrace."

THE MANCHESTER GUARDIANS AND DR. LEDWARD.

To the Editor of THE LANCET.

SIR,—I have been much pleased with your comments on this case in last week's LANCET, and deeply sympathise with Dr. Ledward in his misfortune. The case reminds me that while I was resident in the Fever House of the Glasgow Royal Infirmary, one of my fellow-students caught the contagion of typhus, and that during the premonitory stage he was quite maniacal and homicidal.

Again, it is a circumstance frequently noticed by those who have extensive experience in the treatment of the insane, that the development of the symptoms of febrile disease is usually marked by a great amelioration of the mental disorder—in fact, occasionally by great serenity of mind. Is it not probable that this might have been the case with Dr. Ledward's patient, and that a fresh attack of mania was checked or masked on the typhus symptoms becoming developed?

I am, Sir, your obedient servant,

Goswell-road, July 19th, 1869. JOHN B. CASKIE.

To the Editor of THE LANCET.

SIR,—With reference to your remarks on this matter in last week's issue, permit me to say that there is a widespread feeling of indignation among the profession here at the treatment Dr. Ledward has received at the hands of the guardians, and that steps are being taken to set that gentleman right before the public—an account of which will be forwarded to you for publication in due time. I am, Sir, yours, &c.,

Manchester, July 20th, 1869. JAS. HARDIE, M.D.

Mr. Alfred Freeman.—It is an undoubted breach of the Medical Act for a person not registered to act as medical officer of a Friendly Society. If the evidence is good, the case should be proceeded with; but it should be better than that reported in the paper sent to us. A written contract, or a bill, or a certificate, in which the defendant represents himself as a surgeon, would be the kind of evidence on which to get a conviction. Except upon clear evidence, prosecutions should not at present be attempted under the Medical Act.

Enquirer.—Dr. Maudsley's work.

M.R.C.S. Eng. and L.S.A.—The use of the title Surgeon is not warranted. The subject is alluded to in an annotation.

ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I am given to understand that the architect, with the assent of the faculty of St. Thomas's Hospital, intends to cover the lime plaster face of all the walls of the various wards and offices with a water- and almost air-proof cement, known as "Parian." It is true it offers many advantages for being kept clean, but I think is not at all fitted to such an institution. A lime and brick building like this is really an immense pile of porous cells, having *several million* of superficial feet of lime in juxta-position with the atmosphere it contains, causing motion, and neutralising the effect of ammonia, the lime taking the excess of moisture, otherwise laden with impurities. Everyone must have observed this moisture on certain humid cold days, when the weather turns suddenly warm, upon varnished walls of our houses; while in the rooms free from such a surface nothing is seen or felt. Hospital buildings contain generally from ten to fifteen per cent. of lime; and where the walls are further covered to the extent of an inch in thickness, its sanitary condition is very much perfected. We generally consider to have put ourselves in the best possible position when we order a sprinkling of crude lime over offensive matter, while with no sparing hand we lime-white dwellings in close neighbourhoods. Surely, then, it cannot be an advantage to an institution like this, in a humid atmosphere which some winters bring, to entirely forego the lime principle, which is at hand, by hermetically sealing it behind a non-porous cement, merely to save the inconvenience of whitewashing the wards perhaps once in three years.

I am, Sir, yours truly,

Tollington Park, July 12th, 1869. HENRY GRAFTON, C.E.

CUBIC AND SUPERFICIAL SPACE IN INFIRMARIES.

IN answer to *Mr. Smith*, we beg to state that not less than 1000 cubic feet and 80 superficial feet should be allowed. The calculation is perfectly simple. Allow 12 feet, *and no more*, for height. Divide 1000 by 12. That gives the superficial or floor space, and it is easy to arrange the length and width of the floor space so that there shall be the greatest amount of isolation of the patients and convenience for nursing, &c.

Sir W. Fergusson.—Thanks.

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—A druggist of the same name as myself has placed the accompanying advertisement in a local paper. I am the only "Dr. Jackson" who is in practice in this part, and I fear this is calculated to do me harm, if not amongst my patients, surely in the estimation of my professional brethren, who will be liable to look upon me as seeking notoriety by this questionable mode of advertising. Have I any remedy? For it is a most painful affair to have one's name paraded in a newspaper, especially where there are so many visitors, who will look upon this advertisement as emanating from myself. Yours truly,

Scarborough, July 17th, 1869. THOS. JACKSON, M.D.

"A CARD.—Dr. Jackson (advice gratis) may be consulted daily at the edical Hall, 20, Newbro'-street, Scarborough."

W. S. B.—1. The Turkish bath, no doubt, often exerts a very beneficial action in cases of rheumatism; but, like everything new, its virtues have been unduly extolled. It requires to be used with judgment and in appropriate cases.—2. We will bear our correspondent's request in mind.

CHLORODYNE.

To the Editor of THE LANCET.

SIR,—In your journal of July 10th, page 74, a letter appears, headed "Chlorodyne," containing comments by Mr. Peter Squire relative to an advertisement inserted therein by Mr. Davenport, which is headed "Warning to the Medical Profession," and the sole object of the advertisement is to caution medical men against the use of medicine under a pirated name, having properties *entirely opposite* to the remedy so pirated. Mr. P. Squire, in his "Companion to the British Pharmacopœia," has published a formula under the name of Liquor Chloroformi Co., stating that the preparation has been represented to him as the composition of the "popular remedy chlorodyne." Now, Dr. J. Collis Browne and Mr. Davenport, who alone possess the formula for the manufacture of chlorodyne, have never made it known either by publicity or private announcement, and certainly have never made Mr. Squire a confident in the matter, much less represented to him the nature of its formula, and emphatically deny that the said formula represents chlorodyne either in its composition or properties.

It is necessary to make these observations in order to prevent the unjustifiable statements made by Mr. Squire having an undue influence in medical circles. I am, Sir, yours obediently,

July, 1869. J. T. DAVENPORT.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir W. Fergusson; Dr. Playfair; Mr. J. Hutchinson; Dr. Andrew Clark; Mr. Tufnell, Dublin; Mr. W. J. Coulson; Dr. J. Harley; Dr. Mapother; Dr. Bedolfe, Dulwich; Dr. Jackson, Scarborough; Mr. Smith; Mr. Pearson; Mr. Munro, Whitehaven; Mr. Morgan; Mr. Sutton; Mr. Heather Bigg; Dr. David Smith, Glasgow; Dr. Thomas; Dr. Gibson; Mr. Fernie, Barnstaple; Dr. Althaus; Dr. Marsh, Littlemore; Dr. Little, Dublin; Dr. Kidd; Dr. Ellis; Mr. Cribb; Messrs. Letts and Co., New Cross; Mr. Guest, Alderley Edge; Mr. Wells; Dr. Sandwell; Dr. Collins, Wolverhampton; Mr. Fleischmann, Cheltenham; Mr. J. Jones; Mr. A. W. Moore; Mr. Tyrrell; Mr. Bolton, Tarporley; Rev. M. D'Orsey; Dr. Stevens; Mr. Bradburne, Dublin; Mr. Greenwood; Mr. Vacher; Mr. Payne, Frome; Mr. D. W. Morris, Llanfair; Mr. Greger; Dr. Lory Marsh; Mr. Langston, Stroud; Mr. Hosking; Mr. Evans, Ipswich; Mr. Caskie; Dr. Bulmer, Hackney; Dr. Elam; Mr. Peacock; Dr. Speedy, Plumstead; Dr. Morrison; Dr. Balfour; Dr. Sleightholme, Manchester; Dr. Fennell, Cardiff; Mr. F. J. Gray, Rugeley; Dr. Buller; Dr. Heffernan, Spennymoor; Dr. Gaye, Newton Abbot; Drs. Thomson, Fraser, and Suttie, Glasgow; Dr. Rose, Kidderminster; Mr. Watson, Colchester; Dr. Cook; Mr. Birt; Dr. Thomson, Peterborough; Mr. Procter; Dr. Lister, Ashton; Dr. Macdonald, Wellington, New Zealand; Mr. Brown; Mr. Spanton, Hanley; Dr. Ramsay; Mr. Wimple; Dr. Wood; Dr. Morell Mackenzie; Dr. Wells; Mr. Craven, Dereham; Mr. Mackinson; Mr. Stevens, Darsley; Mr. Polack; Mr. Hill; Mr. O'Donnell, Tring; Mr. Fase; Mr. Kirkman; Dr. Wardell, Tunbridge Wells; Mr. Terry; Dr. Fothergill, Morland; Mr. Breckin; Mr. Bradley, Dudley; Mr. Aubrey; Mr. Mountain, Sheffield; Dr. Hardis, Manchester; Mr. Fiddian; M. Joubert; Mr. Rendle; Mr. Cole; Mr. Bradford, Bath; Dr. Webb, Wirksworth; Mr. Duffy; Dr. Day, Geelong; Dr. Protheroe Smith; Dr. Crisp; Dr. Millar; Mr. Dougan; Dr. White; Mr. Tait; Mr. Prentice; Dr. G. Brown, Aberdeen; Mr. Ceely; Dr. Baines, Leicester; Veritas; Aliquis; J. G. S.; W. C.; Chirurgien; &c. &c.

North British Daily Mail, Glasgow Herald, New York Medical Gazette, Bucks Herald, Boston Free Press, Poor-Law Chronicle, Parochial Critic, Camden Town Gazette, Lincolnshire Chronicle, Sydney Morning Herald, Gateshead Observer, Marylebone Mercury, St. Pancras Journal, Brighton Gazette, and *South Durham Herald* have been received.

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